

MEDICINE



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Section A

1. HEMATOLOGY

- A. Anemias
- B. Anemia of Chronic Diseases
- C. Thalassemias
- D. Myeloproliferative Disorders
- E. Acute Leukemias
- F. Chronic Leukemias and Lymphomas
- G. Plasma Cell Disorders
- H. Bleeding and Coagulation Disorders
 - I. Blood Transfusion
- J. Miscellaneous

HEMATOLOGY (QUESTIONS)

A. ANEMIAS

1. **Earliest change in Iron deficiency anaemia is:** (UP 2009)
- Erythroid hyperplasia
 - Subjective feeling of the body and increased appetite
 - Lymphoid erythroplasia
 - Reticulocytosis

Ref: Harrison's 18/e p848, 17/e p632

2. **Which of the following is not a characteristic of Fanconi's anemia?** (Feb DP PGME 2009)
- Hematologic abnormalities in infancy
 - Pancytopenia
 - Skeletal anomalies
 - Chromosome fragility

Ref: Harrison's 18/e p496, 889

3. **First increased of reticulocyte count occurs after how many hours of iron therapy:** (Kerala PG 2008)
- 48-72 hrs
 - 24 hrs
 - 96 hrs
 - 6 hrs

Ref: OPGhai 6/e p302

4. **In sickle cell anemia:** (Kerala PG 10)
- Peripheral smear shows microcytosis
 - There is defective synthesis of alpha chains
 - Autosplenectomy occurs due to vascular thrombosis and infarction

Ref: Harrison's 18/e p855-856, 17/e p637-38

5. **A good index of body iron stores is:** (MP PG 2008)
- Serum iron level
 - Serum total iron binding capacity
 - Serum ferritin level
 - Serum haptoglobin level

Ref: Harrison's 18/e p455, 17/e p360

6. **Macrocytosis without myeloblastic changes occur with:** (MP PG 2008)
- Pernicious anemia
 - Aplastic anemia
 - Sideroblastic anemia
 - Sickle cell anemia

Ref: Harrison's 18/e p867, 17/e p649

7. **Drymouth, swelling in the lower esophagus, smooth tongue and, craving for ice or clay are features of:** (UP 2009)
- Folic acid deficiency
 - Iron deficiency
 - Biotin deficiency
 - Riboflavin deficiency

Ref: CMDT 09 428

8. **Autoimmune haemolytic anemia is seen in:**

- CLL
- CML
- ALL
- AML

Ref: Harrison's 18/e p449, 923

9. **Coombs' positive hemolytic anemia associated with:**

- TTP
- PAN
- SLE
- HUS

(AP 2010)

Ref: Harrison's 18/e p872-873, 876

10. **A plastic crisis can originate from congenital hemolytic anemia, especially when exacerbated by the infection of:**

- Cytomegalo virus
- Coxsackie virus
- Parvo B19 virus
- Herpes simplex virus

(AP 2011)

Ref: Harrison's 18/e p861, 872

11. **Pulmonary embolism is seen in all except:**

- Fanconi's anemia
- Paroxysmal nocturnal haemoglobinuria
- Oral contraception
- Old age

Ref: Harrison's 18/e p2090, 17/e p1563

12. **The mother has sickle cell disease; Father is normal; Chances of children having sickle cell disease and sickle cell trait respectively are:**

(AI 2001)

- 0 and 100%
- 25 and 25%
- 50 and 50%
- 10 and 50%

Ref: Harrison's 18/e p1855

13. **Which of the following are not associated with microcytic hypochromic RBCs on Peripheral smear?**

(PGI 2009)

- Iron Deficiency Anemia
- Lead
- Sideroblastic anemia
- Sickle Cell Anemia
- Hereditary spherocytosis

Ref: Harrison's 18/e p848, 17/e p632

14. **Which of the following is not expected in a case of Microcytic Hypochromic Anemia:**

(DNB 2009)

- Reduced serum Iron
- Reduced Total RBC distribution Width
- Normal Ferritin levels
- Increased TIBC

Ref: Harrison's 18/e p847

Ans.	1. d. Reticulocytosis	2. a. Hematologic abnormalities...	3. a. 48-72 hrs	4. c. Autosplenectomy occurs...
	5. c. Serum ferritin level	6. a. Pernicious anemia	7. b. Iron deficiency	8. a. CLL
	9. c. SLE	10. c. Parvo B19 virus	11. a. Fanconi's anemia	12. a. 0 and 100%
	13. d and e	14. b. Reduced Total RBC...		

15. Which of the following is not expected in a case of **Microcytic Hypochromic Anemia**: (DNB 2008)
 a. Reduced serum iron
 b. Increased serum ferritin level
 c. Decreased TIBC
 d. Decreased Free Erythrocyte protoporphyrin
Ref: Robbin's 8/e p662
16. **Anemia of Chronic disease can be differentiated from Iron deficiency anemia by**: (PGI 2009)
 a. ↑ TIBC
 b. ↓ TIBC
 c. ↑ S.ferritin
 d. ↓ Fe store in marrow
 e. ↓ Ferritin
Ref: Harrison's 18/e p850, 17/e p632
17. A 29 year old woman was found to have a hemoglobin of 7.8 g/dl. with a reticulocyte count of 0.8%. The peripheral blood smear showed microcytic hypochromic anemia, Hemoglobin A2 and hemoglobin F levels were 2.4% and 1.3% respectively. The serum iron and the total iron binding capacity were 15 micro g/dl, and 420 micro g/dl, respectively. The most likely cause of anemia is: (AIIMS Nov 02)
 a. Iron deficiency anemia
 b. Beta-thalassemia minor
 c. Sideroblastic anemia
 d. Anemia due to chronic infection
Ref: Harrison's 18/e p847, 17/e p631
18. A 16 year old young girl presents with a history of fatigability weakness and lethargy. Complete Blood picture (CBC) reveals Haemoglobin of 7.0, MCV of 70, MCH of 20 pg/cell and Red cell Distribution Width (RDW) of 20. The most likely diagnosis is: (AI 2010)
 a. Iron Deficiency Anemia
 b. Thalassemia Minor
 c. Thalassemia Major
 d. Sick cell trait
Ref: Harrison's 18/e p847
19. A child has Hb-6.5 gm%, MCV-65, MCH-15 and protoporphyria with red cell distribution width much less is most likely to be suffering from: (AIIMS June 2000)
 a. Thalassemia
 b. Iron deficiency anaemia
 c. Porphyria
 d. Megaloblastic anaemia
Ref: Harrison's 18/e p847, 17/e p631, 632
20. A nine month old boy of Sindhi parents presented to you with complaints of progressive lethargy, irritability & pallor since 6 months of age. Examination revealed severe pallor. Investigation showed Hb-3.8 mg%; MCV-58 fl; MCH-19.4 pg/cell. Blood film shows osmotic fragility is normal (target cells and normoblasts). X-ray skull shows expansion of erythroid marrow. Which of the following is the most likely diagnosis? (AI 2004)
 a. Iron deficiency anemia
 b. Acute lymphoblastic anemia
 c. Hemoglobin D disease
 d. Hereditary spherocytosis
Ref: Harrison's 18/e p847
21. Elevated serum ferritin, serum iron and percent transferrin saturation are most consistent with the diagnosis of: (AI 2004)
 a. Iron deficiency anemia
 b. Anemia of chronic disease
 c. Hemochromatosis
 d. Lead poisoning
Ref: Harrison's 18/e p3165, 17/e p2432, 2433, 631
22. All of the following are causes of iron deficiency anemia, except: (PGI June 01)
 a. Chronic renal failure
 b. Celiac Sprue
 c. Hookworms
 d. Carcinoma colon
Ref: Harrison's 18/e p846, Table 103-2
23. A patient with anemia has the following indices. MCV = 60; Hb = 5gm%; MCHC = 20. The most likely cause of his anemia is: (PGI Dec 2000)
 a. Phenytoin
 b. Blind loop syndrome
 c. Hookworm infection
 d. CRF
Ref: Harrison's 18/e p846
24. Iron absorption is increased in all except:
 a. Iron deficiency (PGI Dec 01, June 03)
 b. Pregnancy
 c. Hypoxia
 d. Alkaline pH of stomach
 e. Ferrous iron salts
Ref: Harrison's 18/e p845
25. Which of the following findings is diagnostic of iron deficiency anemia: (AI 2007)
 a. Increased TIBC, decreased serum ferritin
 b. Decreased TIBC, decreased serum ferritin
 c. Increased TIBC, increased serum ferritin
 d. Decreased TIBC, increased serum ferritin
Ref: Harrison's 18/e p847, 17/e p631
26. Most sensitive and specific test for diagnosis of iron deficiency is: (AI 2003, AI 2001)
 a. Serum iron levels
 b. Serum ferritin levels
 c. Serum transferrin receptor population
 d. Transferrin saturation
Ref: Harrison's 18/e p846
27. Best marker for iron deficiency is: (DNB 2012)
 a. Serum iron
 b. Serum ferritin
 c. Total Iron Binding capacity
 d. Transferrin saturation
Ref: Harrison's 18/e p846
28. The most suitable test to assess iron stores is: (DNB 2010)
 a. Serum iron
 b. Serum Ferritin
 c. TIBC
 d. Transferrin saturation
Ref: Harrison's 18/e p846

Ans.	15. b. Increased serum...	16. b and c	17. a. Iron deficiency anemia	18. a. Iron Deficiency Anemia
	19. b. Iron deficiency...	20. a. Iron deficiency anemia	21. c. Hemochromatosis	22. a. Chronic renal failure
	23. c. Hookworm infectino	24. d. Alkaline pH of stomach	25. a. Increased TIBC...	26. b. Serum ferritin levels
	27. b. Serum ferritin	28. b. Serum Ferritin		

29. Which is not seen in Iron deficiency anaemia: (AI 2000)
- Hyper-segmented neutrophils
 - Microcytosis precedes hypochromia
 - MCHC < 50%
 - Commonest cause of anaemia in India

Ref: Harrison's 18/e p846, 866, 17/e p630, 631

30. Which of the following is true about oral therapy for iron deficiency anemia: (PGI Dec 05)
- In 300 mg elemental iron given 100 mg get absorbed
 - Reticulocytosis appears in 1 to 2 weeks and then peaks in 3-4 weeks
 - Hemoglobin levels are usually corrected in six months of initiating therapy
 - Decrease in absorption with improvement of symptoms
 - Stop the Rx after normalizing the Hb

Ref: Harrison's 18/e p848, 17/e p632

31. A patient presents with increased serum iron, decreased TIBC, increased percent saturation and increased serum ferritin. Most probable diagnosis is: (AIIMS Nov 2006)
- Anemia of chronic disease
 - Sideroblastic anemia
 - Iron deficiency anemia
 - Thalassemia minor

Ref: Harrison's 18/e p848, Table 103-4, 17/e p632

32. Which of the following types of anemia is associated with a Raised MCV and Normal MCHC: (AI 2012)
- Sideroblastic anemia
 - Vitamin B12 and Folic acid deficiency
 - Beta thalassemia
 - Iron deficiency anemia

Ref: Harrison's 18/e p865

33. Megaloblastic anemia due to folic acid deficiency is commonly due to: (AI 2006)
- Inadequate dietary intake
 - Defective intestinal absorption
 - Absence of folic acid binding protein in serum
 - Absence of glutamic acid in the intestine

Ref: Harrison's 18/e p869, Table 105-5

34. Thiamine deficiency is known to occur in all of the following except: (AI 2003)
- Food Faddist
 - Homocystinemia
 - Chronic alcoholic
 - Chronic heart failure patient on diuretics

Ref: Harrison's 18/e p594, 17/e p441, 442, 2470, 2473

35. Shilling's test is used to determine deficiency of: (DNB 2012)
- Vitamin B12
 - Vitamin B6
 - Folic Acid deficiency
 - Vitamin D deficiency

Ref: Harrison's 18/e p870, 17/e p870

36. A Patient presents with macroglossia and loss of tongue papilla. His Hb is 11.5 and MCV is 100. What should be the next step in investigating this patient? (AI 2008)

- B12 estimation
- Brush biopsy of the lesion
- Fluconazole treatment
- Incision biopsy

Ref: Harrison's 18/e p867

37. Megaloblastic anemia should be treated with both folic acid vitamin B12 because: (AI 2008)
- Folic acid alone causes improvement of hematologic symptoms but worsening of neurological symptoms
 - It is a co factor
 - It is enzyme
 - None of the above

Ref: Harrison's 18/e p871, 17/e p651

38. All of the following are features of hemolytic anemia except: (PGI June 04)
- Decreased Rbc life span
 - Decreased haptoglobin
 - Unconjugated hyperbilirubinemia
 - Bilirubin in urine
 - Altered erythroid and myeloid ratio

Ref: Harrison's 18/e p873, Table 106-2

39. Hemolytic anemia may be characterized by all of the following except: (AIIMS May 05)
- Hyperbilirubinemia
 - Reticulocytosis
 - Hemoglobinuria
 - Increased plasma haptoglobin level

Ref: Harrison's 18/e p88, 873

40. Features seen in hemolytic anemia are all except: (AIIMS May 07)
- Tear drop and Burr cells
 - ↓ Haptoglobin
 - Reticulocytosis
 - Hemoglobinuria

Ref: Harrison's 18/e p873

41. Reticulocytosis is seen in all except: (AIIMS May 07)
- P.N.H
 - Hemolysis
 - Nutritional anemia
 - Dyserythropoietic syndrome

Ref: Harrison's 18/e p448

42. The following protein defects can cause hereditary spherocytosis except: (AI 07)
- Anykyrin
 - Palladin
 - Glycophorin C
 - Anion transport protein

Ref: Harrison's 18/e p874

43. Decreased osmotic fragility is seen in (select two options): (PGI Dec 2000)
- Hereditary spherocytosis
 - Sickle cell disease
 - Autoimmune hemolytic anemia
 - Thalassemia

Ref: Harrison's 18/e p859, 856

Ans.	29. a. Hyper-segmented...	30. d. Decrease in absorption...	31. b. Sideroblastic anemia	32. b. Vitamin B12 and...
	33. a. Inadequate dietary...	34. b. Homocystinemia	35. a. Vitamin B12	36. a. B12 estimation
	37. a. Folic acid alone...	38. d. Bilirubin in urine	39. d. Increased plasma...	40. a. Tear drop and Burr...
	41. d. Dyserythropoietic...	42. c. Glycophorin C	43. b. Sickle cell disease	

44. **Aplastic anemia in hereditary spherocytosis precipitated by:** (PGI Dec 05)

- Parvo virus
- HIV
- Adenovirus
- Influenza virus
- Measles virus

Ref: Harrison's 18/e p889

45. **Hemolysis in G6PD may be caused by all except:** (AI 2008)

- Primaquine
- Chloroquine
- Pyrimethamine
- Quinine

Ref: Harrison's 18/e p878

46. **All of the following statements are true about sickle cell disease except:** (AI 2004)

- Patient may require frequent blood transfusions
- Acute infection is the most common cause of mortality before 3 years of age.
- There is positive correlation between con HBS and polymerization of HBS.
- Patient presents early in life before 6 months of age.

Ref: Harrison's 18/e p855, 17/e p637, 638

47. **All of the following are true about sickle cell disease, except:** (PGI June 2008)

- Mutation in α chain
- Symptoms ameliorated by HbF
- Venocclusive crises is cause of morbidity
- Bone pain is presenting feature

Ref: Harrison's 18/e p855, 17/e p637, 638

48. **Heterozygous sickle cell anemia gives protection against:** (AI 2010)

- G6PD
- Malaria
- Thalassemia
- Dengue fever

Ref: Harrison's 18/e p855

49. **Which of the following is not seen on hemoglobin electrophoresis in sickle cell anemia:** (AI 2001)

- HbA
- HbA2
- HbF
- HbS

Ref: Harrison's 18/e p852, 17/e p635, 637

50. **Sickle cell trait patient do not have manifestations as that of Sickle cell disease, because:** (AIIMS 2001)

- 50% HbS is required for occurrence of sickling
- HbA prevents sickling
- HbS is less than 50% & HbA has low affinity for HbS
- HbA prevents polymerization of Hbs

Ref: Harrison's 18/e p855

51. **The mother has sickle cell disease; Father is normal; Chances of children having sickle cell disease and sickle cell trait respectively are:** (AI 2001)

- 0 and 100%
- 25 and 25%
- 50 and 50%

- 10 and 50%

Ref: Harrison's 18/e p855, 17/e p638

52. **Sickle cell anemia leads to resistance towards:**

(DNB Dec 2009)

- P. Falciparum
- P. Ovale
- P. Malariae
- P. Vivax

Ref: Harrison's 18/e p855

53. **Autoimmune hemolytic anemia is associated with malignancy of which lineage:** (AI 2007)

- T cell
- B cell
- Pre B cell
- Pre T cell

Ref: Harrison's 18/e p927

54. **Autoimmune haemolytic anemia is seen in:** (AI 2001)

- ALL
- AML
- CLL
- CML

Ref: Harrison's 18/e p927

55. **Coomb's +ve Hemolytic Anaemia is seen in except:**

(AI 2000)

- Alcoholic cirrhosis
- Chronic active hepatitis
- Primary biliary cirrhosis
- Primary sclerosing cholangitis

Ref: Harrison's 18/e p881

56. **Coombs positive hemolytic anemia is associated with:**

(AI 2009)

- TTP
- PAN
- SLE
- HUS

Ref: Harrison's 18/e p881

57. **All of the following conditions are associated with coombs positive hemolytic anemia except:** (AI 2009)

- Thrombotic Thrombocytopenic purpura (TTP)
- Scleroderma
- SLE
- PAN

Ref: Harrison's 18/e p882

58. **Which of the following conditions is associated with Coomb's positive hemolytic anaemia:** (AIIMS May 03)

- Thrombotic thrombocytopenic purpura.
- Progressive systemic sclerosis.
- Systemic lupus erythematosus.
- Polyarteritis nodosa

Ref: Harrison's 18/e p882

59. **A 20 years old female presenting with anemia, mild jaundice for 2 years, peripheral smear showing spherocytes, the best investigation to be done is:** (AIPGMEE 08)

- Reticulocyte count
- Osmotic fragility test
- Coombs test
- Bone marrow aspiration

Ref: Harrison's 18/e p875, 17/e p634, 635, 639

Ans.	44. a. Parvo virus	45. c. Pyrimethamine	46. d. Patient presents...	47. a. Mutation in α chain
	48. b. Malaria	49. a. HbA	50. c. HbS is less than 50%...	51. a. 0 and 100%
	52. a. P. Falciparum	53. b. B cell	54. c. CLL	55. a. Alcoholic cirrhosis
	56. c. SLE	57. a. Thrombotic...	58. c. Systemic lupus...	59. c. Coombs test

60. A 23 Year old female presents with anemia and jaundice for 2 years. Peripheral smear shows spherocytes. The best investigation to be done is: (AIIMS Nov 2006)

- Reticulocyte Count
- Osmotic Fragility Testing
- Coombs Test
- Bone Marrow Aspiration

Ref: Harrison's 18/e p851, 852, 879, 17/e p654, 655, 659

61. All of the following are causes of fragmented RBC in peripheral blood except: (PGI June 05, 02)

- Microangiopathic hemolytic anemia
- D.I.C
- Hemophilia-A
- Malignant hypertension
- HELLP syndrome

Ref: Harrison's 18/e p883, 17/e p658

62. A 25-year-old pregnant lady presents with thrombocytopenia (Platelet count < 50,000) and fragmented RBC's in peripheral smear. Which of the following is the least likely differential diagnosis? (AI 2012)

- Thrombotic Thrombocytopenic Purpura (TTP)
- Disseminated Intravascular Coagulation (DIC)
- HELLP syndrome
- Evan's syndrome

Ref: Harrison's 18/e p881, 17/e p658

63. The differential diagnosis of micro-angiopathic anemia includes all except: (PGI Dec 05)

- Sepsis
- Hemolytic uremic syndrome
- MI
- Eclampsia
- Scleroderma

Ref: Harrison's 18/e p883, 17/e p658

64. Microangiopathic Hemolytic anemia is seen in all except: (AIIMS Nov 2009)

- TTP
- Metallic heart valve
- Microscopic polyangitis
- Anti-phospholipid syndrome

Ref: Harrison's 18/e p883

65. Microangiopathic hemolytic anemia is seen in all except: (PGI June 01, 00)

- HUS
- ITP
- Malignant hypertension
- Prosthetic valves
- TTP

Ref: Harrison's 18/e p883, 17/e p658

66. Aplastic anemia is seen in all of the following except: (PGI Dec 03)

- PNH
- Chloramphenicol
- Hepatitis A
- HIV-1
- Parvovirus

Ref: Harrison's 18/e p888, 889, 17/e p663, 664

67. Which of the following causes of Anemia is associated with a Hypoplastic marrow: (AI 2012)

- Fanconi's Anemia
- Paroxysmal Nocturnal Hemoglobinuria (PNH)
- Hypersplenism
- Myelofibrosis

Ref: Harrison's 18/e p887

68. Vasanti, a 25-year-old-girl, presents with complaints of fever and weakness. On examination there is splenomegaly of 3 cm below the costal margin. Hb is 8 gm/dL, TLC is 3,000/mm³, platelet count is 80,000/mm³. Which of the following is the least likely diagnosis: (AIIMS Nov 2000)

- Acute lymphocytic leukemia
- Anemia of chronic disease
- Aplastic anemia
- Megaloblastic anemia

Ref: Harrison's 18/e p888, 17/e p606

69. All of the following statements about Fanconi's anemia are true, except: (AI 2010)

- Autosomal dominant inheritance
- Hypocellular Bone Marrow
- Congenital Anomalies
- Usually normocytic/macrocyclic cell Morphology

Ref: Harrison's 18/e p889, 17/e p665

70. True about aplastic anemia is all except: (PGI June 05)

- Splenomegaly
- Reticulocytopenia
- Thrombocytopenia
- Neutropenia

Ref: Harrison's 18/e p890

71. A patient aged 63 years, is diagnosed to have severe aplastic anemia. HLA compatible sibling is available. The best option of treatment is: (AIIMS May 06)

- Anti-thymocyte globulin followed by cyclosporine
- A conventional bone marrow transplantation from the HLA identical sibling
- A non-myceloablative bone marrow transplantation from the HLA identical sibling
- Cyclosporine

Ref: Harrison's 18/e p891, 17/e p666, 667

72. A 20 year old adult presents with severe hypoplastic anemia. What is most effective treatment: (AI 2002)

- α -interferon
- IL-2
- ATG therapy
- Bone marrow transplantation

Ref: Harrison's 18/e p891, 17/e p666, 667

73. Ring sideroblasts are characteristically seen in: (AI 2008)

- Myelodysplastic syndrome (MDS)
- Acute Lymphoid Leukemia (ALL)
- Acute Myeloid Leukemia (AML)
- Anemia of chronic disease

Ref: Harrison's 18/e p895, 17/e p666, 667

Ans.	60. c. Coombs Test	61. c. Hemophilia-A	62. d. Evan's syndrome	63. c. MI
	64. b. Metallic heart valve	65. b. ITP	66. c. Hepatitis A	67. a. Fanconi's Anemia
	68. c. Aplastic anemia	69. a. Autosomal dominant...	70. a. Splenomegaly	71. a. Anti-thymocyte globulin...
	72. d. Bone marrow...	73. a. Myelodysplastic...		

74. In which of the following age group myelodysplastic syndrome (MDS) are most common: (AI 06)

- a. 2-10
- b. 15-20
- c. 5
- d. >50

Ref: Harrison's 18/e p892

75. Which is the most common cytogenetic abnormality in adult myelodysplastic syndrome (MDS): (AI 04)

- a. Trisomy 8
- b. 20q-
- c. 5q-
- d. Monosmy 7

Ref: Harrison's 18/e p889

76. Plummer-Vinson syndrome is an: (Karnatka 2010)

- a. Iron-deficiency anemia
- b. Anaplastic anemia
- c. Vitamin deficiency
- d. Increased hemoglobin

Ref: Harrison's 18/e p269

77. All the following are suggestive of iron deficiency anemia except: (J & K 2010)

- a. Koilonychia
- b. Pica
- c. Decreased serum ferritin
- d. Decreased total iron binding capacity (TIBC)

Ref: Harrison's 18/e p846

78. Tactoids are seen in: (J & K 2010)

- a. Multiple myeloma
- b. Thalassemia
- c. G6PD deficiency
- d. Sickle cell anemia

Ref: Harrison's 18/e p854

79. Microcytic anaemia is seen in all, except: (J & K 2010)

- a. Iron deficiency anaemia
- b. Thalassemia
- c. Intrinsic factor deficiency
- d. Sideroblastic anaemia

Ref: Harrison's 18/e p449-454

B. ANEMIA OF CHRONIC DISEASE

80. All are true about anaemia due to renal failure except:

- a. Anaemia does not correlate with the degree of CRF
- b. It is due to decrease in erythropoietin (Kerela PG 2008)
- c. Due to decreased dietary iron intake
- d. Increased blood loss due to capillary fragility and poor platelet function

Ref: Davidson 19/e p601, Harrison's 18/e p850

81. Eculizumab has been shown to be effective in treating:

- a. Neisseria meningitidis infection (AP 2011)
- b. Paroxysmal nocturnal hemoglobinuria
- c. Systemic infection
- d. Leukopenic

Ref: Harrison's 18/e p883, 884

82. Reduced serum iron and binding capacity is seen in:

- a. Thalassemia (DP PGME 2010)

- b. Iron deficiency anaemia
- c. Chronic infections
- d. Sideroblastic anaemia

Ref: Harrison's 18/e p448-449, 17/e p633

83. Which of the following is true about Anemia of Chronic Disease: (DNB 2012)

- a. Increased TIBC
- b. Normal serum iron levels
- c. Normal or increased serum ferritin
- d. Increased Transferrin saturation

Ref: Harrison's 18/e p850, 17/e p631

84. A 25-year-old lady on treatment for Rheumatoid Arthritis has the following laboratory findings. Hemoglobin of 9 gm/dL; MCV-50 fL; Ferritin 200µg/L; TIBC 274 g/dL; Serum iron 30µg/dL. What is the likely diagnosis: (AIIMS Nov 2011)

- a. Iron deficiency anemia
- b. Anemia of chronic disease
- c. Thalassemia Minor
- d. Autoimmune Hemolytic Anemia

Ref: Harrison's 18/e p850

85. True regarding anaemia of chronic disease are all except:

- a. Decreased TIBC (AI 2000)
- b. Increased macrophage iron in marrow
- c. Decreased serum ferritin level
- d. Decreased serum iron level

Ref: Harrison's 18/e p850, 17/e p633

86. All of the following are true about Anemia of chronic renal failure except: (PGI Dec 05)

- a. Normocytic normochromic anaemia
- b. Erythropoietin improves the symptom
- c. Dialysis worsens anemia of renal failure
- d. Anemia is proportional to the kidney disease

Ref: Harrison's 18/e p850

87. Anemia in chronic renal failure (CRF) is due to:

- a. Decreased erythropoietin production (PGI June 01)
- b. Iron deficiency
- c. Hypoplastic bone marrow
- d. Decreased Vit B12
- e. Decreased folate levels

Ref: Harrison's 18/e p850, 17/e p633

C. THALASSEMIAS

88. Hemolysis is seen in: (Rajasthan 2009)

- a. Thalassemia
- b. Lymphoma
- c. IDA
- d. Polycythemia

Ref: Harrison's 18/e p858, 326

89. Molecular pathogenesis of α thalassemia involves:

- a. Mutation in transcription promoter sequence
- b. Gene deletion (Comed K 2011)
- c. Codon termination mutation
- d. mRNA splicing defect

Ref: Harrison's 18/e p659, 17/e p641; Davidson's 21/e p1

Ans.	74. d. >50	75. c. 5q-	76. b. Anaplastic	77. d. Decreased total iron...
	78. d. Sickle cell anemia	79. c. Intrinsic factor deficiency	80. a. Anaemia does not...	81. b. Paroxysmal...
	82. c. Chronic infections	83. c. Normal or increased...	84. b. Anemia of Chronic...	85. c. Decreased serum...
	86. c. Dialysis worsens...	87. a. Decreased...	88. a. Thalassemia	89. b. Gene deletion

90. Thrombocytosis may be seen in all of the following except:
a. Haemolytic anaemia (J & K 2011)
b. Polycythemia rubra vera
c. HIV infection
d. Myelofibrosis *Ref: Harrison's 18/e p970*
91. A couple, with a family history of beta thalassemia major in a distant relative, has come for counseling. The husband has HbA2 of 4.8% and the wife has HbA2 of 2.3%. The risk of having a child with beta thalassemia major is: (AI 2003)
a. 50%
b. 25%
c. 5%
d. 0% *Ref: Harrison's 18/e p500*
92. Which of the following conditions is associated with microcytic hypochromic anemia: (AIIMS Dec 94)
a. Sickle cell Anemia
b. Thalassemia
c. Fanconi's anemia
d. Hereditary spherocytosis *Ref: Harrison's 18/e p858*
93. A 30 year old female being evaluated for anemia reveals the following indices: RBC count = $4.5 \times 10^{12}/L$; MCV 55fl; TLC 8000. There is no history of blood transfusion. Which of the following is the most likely diagnosis: (AIIMS Nov 2011)
a. Iron deficiency anemia
b. Thalassemia major
c. Thalassemia minor
d. Megaloblastic anemia *Ref: Harrison's 18/e p859*
94. In Beta thalassemia, there is: (AIIMS May 01)
a. Increase in beta chain, decrease in alpha chain
b. Decrease in beta chain, increase in alpha chain
c. Decrease in beta chain, decrease in alpha chain
d. Increase in beta chain, increase in alpha chain
Ref: Harrison's 18/e p858, 17/e p640, 641
95. A 25-year female presented with mild pallor and moderate hepatosplenomegaly. Her hemoglobin was 92 dL/L and fetal hemoglobin level was 65%. She has not received any blood transfusion till date. She is most likely to be suffering from:
a. Thalassemia major (AIIMS Nov 02)
b. Thalassemia intermedia
c. Hereditary persistent fetal hemoglobin, homozygous state
d. Hemoglobin D, homozygous state
Ref: Harrison's 18/e p859, 17/e p1630
96. A 23 years old asymptomatic female pilot has MCV-70, ferritin-100g/L, Hb-10gm%, what is the cause: (AI 2009)
a. Thalassemia trait
b. B12 deficiency
c. Folate deficiency
d. Iron deficiency *Ref: Harrison's 18/e p857, 17/e p631, 640, 641*
97. All of the following are true about β thalassemia trait, except: (PGI June 2008)
a. Microcytic hypochromic picture
b. $\uparrow$ ed HbA2
c. $\uparrow$ ed HbF
d. Patient requires blood transfusion
Ref: Harrison's 18/e p860, 17/e p641
98. All are true about β -thalassemia trait except: (PGI June 04)
a. $\uparrow$ HbF
b. $\uparrow$ HbA2
c. Microcytosis
d. Severe anaemia
Ref: Harrison's 18/e p859
99. True about α -thalassemia trait: (PGI June 06)
a. Increased HbF
b. Increased HbA2
c. Microcytosis
d. Severe anemia
Ref: Harrison's 18/e p859, 17/e p641
100. A 32-year-old female, asymptomatic, not requiring blood transfusion, presents with Hb 13.0 gm/dl. Her HbF levels are 95%, Hb A2 1.5%. Which of the following is the most likely diagnosis (AIIMS May 04)
a. Hereditary persistence of fetal hemoglobin
b. Beta homozygous thalassemia
c. Thalassemia intermedia
d. Beta heterozygous thalassemia
Ref: Harrison's 18/e p859, 17/e p642
101. A child aged 2 year presents with nonspecific symptoms suggestive of anemia. On peripheral blood smear target cells are seen. He has hypochromic mic-zrocytic picture and Hb of 6 gm. He also has 'a positive family history' Next investigation of choice is: (AI 01)
a. Hb electrophoresis
b. Coombs test
c. Liver function tests
d. Osmotic fragility test
Ref: Harrison's 18/e p859
102. A 5 year old girl came with history of progressively increasing pallor since birth and hepatosplenomegaly. Which of the following is the most relevant test for achieving diagnosis: (AI 2004)
a. Hb electrophoresis
b. Peripheral smear examination
c. Osmotic fragility test
d. Bone marrow examination
Ref: Harrison's 18/e p859, 17/e p1630
103. HbA2 levels are increased in all except: (PGI June 02)
a. Alpha Thalassemia
b. Beta Thalassemia
c. Sickle cell anemia
d. Megaloblastic Anemia
e. Hyperthyroidism
Ref: Harrison's 18/e p859
104. Macrocytosis is seen in all except: (UP 2009)
a. Hypothyroidism
b. Folic acid
c. Vitamin B12
d. Thalassaemia-major
Ref: Harrison's 18/e p859, 17/e p361

Ans.	90. a. Bone marrow...	91. d. 0%	92. b. Thalassemia	93. c. Thalassemia minor
	94. b. Decrease in beta...	95. b. Thalassemia intermedia	96. a. Thalassemia trait	97. d. Patient requires...
	98. d. Severe anaemia	99. c. Microcytosis	100. a. Hereditary persistence...	101. a. Hb electrophoresis
	102. a. Hb electrophoresis	103. a. Alpha Thalassemia	104. d. Thalassaemia-major	

C. MYELOPROLIFERATIVE DISORDERS

105. Which among the following indicates secondary cause for polycythemia: (Kerala PG 10)

- a. Cyanosis
- b. Splenomegaly
- c. Pruritis
- d. Easy bruising

Ref: Harrison's 18/e p456, 17/e p362

106. The following are features of polycythemia rubra vera, except: (Feb DP PGME 2009)

- a. Increased red cell mass
- b. Low arterial oxygen saturation
- c. Presence of JAK2 mutation
- d. Splenectomy

Ref: Harrison's 18/e p899, 456

107. "Floating tooth sign" seen in: (UP 2011)

- a. Odontogenic myxoma
- b. Ameloblastoma
- c. Histiocytosis-X
- d. Odontogenic fibroma

Ref: Harrison's 18/e p2883

108. Polycythemia is seen in:

- a. Bronchial asthma
- b. Cor pulmonale
- c. Vitamin D excesses
- d. CCF

Ref: Harrison's 18/e p289, 457

109. Which one of the following is not commonly seen in polycythemia vera?

- a. Thrombosis
- b. Hyperuricemia
- c. Prone for acute leukemia
- d. Spontaneous severe infection

Ref: Harrison's 18/e p899, 900

110. Plasmapheresis is indicated in each of the following except:

- a. Hemolytic-uremic syndrome
- b. Good Pasture's syndrome
- c. Polycythemia vera
- d. Landry-Guillain Barre syndrome

Ref: Harrison's 18/e p2353, 2342, 900, 3477

111. Which of the following is NOT a myeloproliferative disease: (AIIMS Nov 2000)

- a. Polycythemia rubra vera
- b. Acute myeloid leukemia
- c. Chronic myeloid leukemia
- d. Essential thrombocytosis

Ref: Harrison's 18/e p898, 17/e p672

112. Massive Splenomegaly is least likely to be associated with which of the following Myeloproliferative disorders:

- a. Chronic Myeloid Leukemia (CML) (AI 2012)
- b. Polycythemia Vera (PV)
- c. Essential Thrombocytosis (ET)
- d. Primary Myeloproliferative (PMF)

Ref: Harrison's 18/e p903

113. Laboratory evaluation for the differential diagnosis of chronic myeloproliferative disorders includes all the following except: (AIIMS Nov 04)

- a. Chromosomal evaluation
- b. Bone marrow aspiration
- c. Flow-cytometric analysis
- d. Determination of red blood cell mass

Ref: Harrison's 18/e p899, 898

114. Laboratory evaluation for the differential diagnosis of chronic myeloproliferative disorders includes all the following except: (AIIMS Nov 2004)

- a. Chromosomal evaluation
- b. Bone marrow aspiration
- c. Flow-cytometric analysis
- d. Determination of red blood cell mass

Ref: Harrison's 18/e p898, 17/e p672-676

115. All of the following are the causes of relative polycythemia except: (AI 2005)

- a. Dehydration.
- b. Dengue haemorrhagic fever.
- c. Gaisbock syndrome.
- d. High altitude.

Ref: Harrison's 18/e p456, 17/e p362, 363, 672

116. A 59-year-old male came with Hb 18.0 gm/dl on three occasions. The resident doctor wants to exclude Polycythemia vera. Which of the following is the most relevant investigation: (AIIMS May 04)

- a. Hematocrit
- b. Total leukocyte count
- c. Red cell mass
- d. Reticulocyte count

Ref: Harrison's 18/e p898, 899, 17/e p672, 673

117. Secondary Polycythemia may be seen in: (DNB 2012)

- a. Cor pulmonale
- b. Congestive cardiac failure
- c. Acyanotic congenital heart disease
- d. All of the above

Ref: Harrison's 18/e p456

118. Which of the following is not commonly seen in: Polycythemia Vera? (AI 2002)

- a. Thrombosis
- b. Hyperuricemia
- c. Prone for acute leukemia
- d. Spontaneous severe infection

Ref: Harrison's 18/e p898, 17/e p672, 673

119. In Polycythemia vera, all the following are seen except: (AIIMS May 01)

- a. Thrombocytopenia
- b. Increased GI bleed
- c. Thrombosis
- d. Transient visual loss

Ref: Harrison's 18/e p899, 17/e p672, 673

120. All of the following are seen in polycythemia rubra vera except: (AIIMS Nov 2000)

- a. Increased Vit B12 binding capacity (>9000 micromols/dL)
- b. Decreased LAP Score
- c. Leucocytosis
- d. Increased platelets

Ref: Harrison's 18/e p899, 17/e p673

Ans.	105. a. Cyanosis	106. b. Low arterial oxygen...	107. c. Histiocytosis-X	108. b. Cor pulmonale
	109. d. Spontaneous.	110. c. Polycythemia vera	111. b. Acute myeloid...	112. c. Essential...
	113. c. Flow-cytometric...	114. c. Flow-cytometric...	115. d. High altitude	116. c. Red cell mass
	117. a. Cor pulmonale	118. d. Spontaneous severe...	119. a. Thrombocytopenia	120. b. Decreased LAP Score

121. Which of the following is a major criteria for diagnosis of polycythemia vera: (AI 2010)

- Presence of JAK-2 mutation
- Low Erythropoietin levels
- High Leucocyte Alkaline Phosphatase ($\uparrow$ LAP score)
- Thrombocytosis

Ref: Harrison's 18/e p898, 17/e p672, 673

122. A pt. being investigated for anemia has a dry marrow tap; peripheral smear reveals tear drop cells; likely diagnosis is: (AI 2001)

- Leukemia
- Lymphoma
- Myelofibrosis
- Polycythemia rubra vera

Ref: Harrison's 18/e p901, 17/e p674, 675

E. ACUTE LEUKEMIA

123. Massive splenomegaly is seen in all, except: (J & K 2010)

- Myelofibrosis
- Chronic myeloid leukemia
- Hairy cell leukemia
- Acute lymphatic leukemia

Ref: Harrison's 18/e p467

124. Leukocyte transfusions are indicated in patients with Granulocyte count below:

- 500/mm³
- 100/mm³
- 1500/mm³
- 2000/mm³

Ref: Nelson's 18/e p2058; Harrison's 17/e p378

125. Treatment of choice for intracranial ALL is: (Rajasthan 2009)

- Intrathecal methotrexate
- Vincristine and prednisolone
- Intrathecal vincristin
- Prednisolone

Ref: Harrison's 18/e p840, 963

126. Increased LDH is seen in: (Rajasthan 2009)

- AML
- PAN
- CML
- All of the above

Ref: Harrison's 18/e p907-910

127. Which of the following is a pan-T lymphocyte marker: (AI 2003)

- CD2
- CD3
- CD19
- CD25

Ref: Harrison's 18/e p923

128. Memory T cells can be identified by using the following marker: (AI 2003)

- CD45RA
- CD45RB
- SD45RC
- CD45RO

Ref: Harrison's 18/e p2653

129. Which of the followings combinations of cytogenetic abnormality and associated leukemia/lymphoma is incorrect? (AIIMS Nov 2004)

- t (8:14): Burkitts lymphoma
- t (15:17): AML-M3
- t (9:22): CML
- t (9:20): ALL

Ref: Harrison's 18/e p919 Table 110-2

130. A 17-year-old boy presented with TLC of $138 \times 10^9/L$ with 80% blasts on the peripheral smear. Chest X-ray demonstrated a large mediastinal mass. Immunophenotyping of this patient's blasts would most likely demonstrate:

- No surface antigens (null phenotype) (AIIMS May 2006)
- An immature T cell phenotype (Tdt/CD34/CD7 positive)
- Myeloid markers, such as CD13, CD33 and CD15
- B cell markers, such as CD19, CD20 and CD22

Ref: Harrison's 18/e p932, 17/e p697

131. All of the following are good prognostic factors for childhood. ALL except: (AIIMS May 02, AI 07)

- Hyperdiploidy
- Female sex
- Pre B cell ALL
- t (12 : 21) translocation

Ref: Harrison's 18/e p925

132. Good prognostic Factors for ALL include all of the following, except: (DNB 2011)

- Hyperdiploidy
- Female sex
- Pre B cell ALL
- t (12 : 21) translocation

Ref: Harrison's 18/e p923, 924

133. Which of the following is a poor prognostic factor for childhood ALL: (AIIMS Nov 09)

- Total Leukocyte count 4000-100,000
- Age < 2 years
- Testicular involvement
- Blasts in peripheral smear

Ref: Harrison's 18/e p924

134. Which of the following is a good prognostic factor in ALL: (PGI 2008)

- High WBC count
- Male sex
- Age < 2 years
- Hyperdiploidy

Ref: Harrison's 18/e p924

135. All of the following drugs are used in management of ALL except: (PGI June 02)

- Methotrexate
- All-trans retinoic acid
- Prednisolone
- L-Asparaginase
- Vincristine

Ref: Harrison's 18/e p924

Ans. 121. a. Presence of...	122. c. Myelofibrosis	123. d. Acute lymphatic...	124. a. 500/mm ³
125. a. Intrathecal...	126. a. AML	127. a and b	128. d. CD45RO
129. d. t (9:20) : ALL	130. b. An immature T cell...	131. c. Pre B cell ALL	132. c. Pre B cell ALL
133. c. Testicular...	134. d. Hyperdiploidy	135. b. All-trans retinoic...	

136. A four year old boy was admitted with a history of abdominal pain and fever for two months maculo papular rash for ten days, and dry cough, dyspnea and wheezing for three days. On examination liver and spleen were enlarged 4 cm and 3 cm respectively below the costal margins. His hemoglobin was 10.0 g/dl, platelet count $37 \times 10^9/L$ and total leukocyte count $70 \times 10^9/L$, which included 80% eosinophils. Bone marrow examination revealed a cellular marrow comprising of 45% blasts and 34% Eosinophils and eosinophilic precursors. The blasts stained negative for myeloperoxidase and non-specific esterase and were positive for CD19, CD10, CD22 and CD20. Which of the following is the most likely diagnosis? (AIIMS Nov 2004)
- Biphenotypic acute leukemia (lymphoid and eosinophil lineage)
 - Acute eosinophilic leukemia
 - Acute lymphoblastic leukemia with hypereosinophilic syndrome
 - Acute myeloid leukemia with eosinophilia
- Ref: Robbin's 8/e p603*
137. A four year old boy was admitted with a history of abdominal pain and fever for two months, maculopapular rash for ten days, and dry cough, dyspnea and wheezing for three days. On examination, liver and spleen were enlarged 4 cm and 3 cm respectively below the costal margins. His hemoglobin was 10.0 g/dl, platelet count $37 \times 10^9/L$ and total leukocyte count $70 \times 10^9/L$, which included 80% eosinophils. Bone marrow examination revealed a cellular marrow comprising 45% blasts and 34% eosinophils and eosinophilic precursors. The blasts stained negative for myeloperoxidase and nonspecific esterase and were positive for CD19, CD10, CD22 and CD20. Which one of the following statements is not true about this disease?
- Eosinophils are not part of the Neoplastic clone (AI 2005)
 - t(5:14) rearrangement may be detected in blasts
 - Peripheral blood eosinophilia may normalize with chemotherapy
 - Inv (16) is often detected in the blasts and the eosinophils
138. Which of the following is a poor prognostic factor in Acute Myeloid Leukemia (AML): (AIIMS Nov 2010)
- Monosomy
 - Deletion of X or Y chromosome
 - t (8; 21) translocation
 - Nucleophosphin mutation
- Ref: Harrison's 18/e p905*
139. Auer Rods are most frequently seen in which subtype of AML: (DNB 2012)
- M0
 - M3
 - M5
 - M7
- Ref: Harrison's 18/e p908*
140. Auer Rods are typically not seen in: (DNB 2012)
- AML-M0
 - AML-M2
 - AML-M3
 - AML-M1
- Ref: Harrison's 18/e p908*
141. All of the following are poor prognostic factors for acute myeloid leukemias, except: (AI 2003)
- Age more than 60 years
 - Leucocytes count more than $1,00,000/\mu l$
 - Secondary leukemias
 - Presence of t (8:21)
- Ref: Harrison's 18/e p910, 17/e p677, 678, 680*
142. Poor prognosis in AML is indicated by: (AI 2008)
- Inversion 16
 - Translocation 15/17 (t15; 17)
 - Normal cytogenecity
 - Monosomy 7
- Ref: Harrison's 18/e p905, 910*
143. AML with worst prognosis is: (AIIMS Nov 2006)
- 8/21 translocation
 - Inversion 16
 - Normal Cytogenetics
 - Monosomy 7
- Ref: Harrison's 18/e p910, 17/e p680*
144. In PML, all of the following are seen except: (AI 2007)
- Retinoic acid is used in treatment
 - 15/17 translocation
 - CD 15/34 both seen in same cell
 - Associated with DIVC
- Ref: Harrison's 18/e p905, 911, 912, 17/e p678, 682*
145. A 15-years-old boy presented with one day history of bleeding gum, subconjunctival bleed and purpuric rash. Investigations revealed followed results: Hb- 6.4 gm/dl; TLC-26, 500/mm³ platelet 35,000 mm³; prothrombin time-20 sec with a control of 13 sec; partial thromboplastin time-50sec; and Fibrinogen 10mg/dL. Peripheral smear was suggestive of acute myeloblastic leukemia. Which of the following is the most likely? (AIIMS May 2006)
- Myeloblastic leukemia without maturation
 - Myeloblastic leukemia with maturation
 - Promyelocytic leukemia
 - Myelomonocytic leukemia
- Ref: Harrison's 18/e p907, 17/e p679*
146. Arsenic is used in treatment of: (AIIMS May 07)
- Acute promyelocytic leukemia
 - A.L.L
 - CML
 - Transient myeloproliferative disorder
- Ref: Harrison's 18/e p912*
147. In a patient with acute leukemia, immunophenotype pattern is CD 19+ve, CD 10+ve, CD33+ve, CD13+vE. He may probably have: (AIIMS May 04)
- Biphenotypic leukemia
 - ALL
 - AML-M2
 - AML-Mo
- Ref: Harrison's 18/e p912, 17/e p682*

Ans. 136. c. Acute...	137. d. Inv (16) is often...	138. a. Monosomy	139. b. M 3
140. a. AML-M0	141. d. Presence of t(8:21)	142. d. Monosomy 7	143. d. Monosomy 7
144. c. CD 15/34 both...	145. c. Promyelocytic leukemia	146. a. Acute...	147. a. Biphenotypic leukemia

148. A patient, on treatment for leukemia, develops chest pain, pulmonary infiltrates and pleural effusion. The cause is:
- Daunorubicin (DP PGMEET 2009)
 - Hydroxyurea
 - Cytarabine
 - Tretinoin Ref: Harrison's 18/e p912, 913, 17/e p682, 16/e p636

F. CHRONIC LEUKEMIAS AND LYMPHOMAS

149. In chronic myelogenous leukaemia, the serum vitamin B12 levels are: (AP 2012)
- Normal
 - Elevated
 - Slightly decreased
 - Markedly decreased

Ref: Harrison's 18/e p914

150. First line therapy recommended in chronic phase of CML is: (J & K 2011)
- Hydroxyurea
 - Interferon
 - Busulphan
 - Imatinib

Ref: Harrison's 18/e p914

151. All the following conditions predispose to acute disseminated intravascular coagulopathy except: (MP PG 2008)
- Acute hemolytic transfusion reaction
 - Amniotic fluid embolism
 - Gram negative septicemia
 - Chronic myeloid leukemia

Ref: Harrison's 18/e p978, 979, 17/e p729

152. Mycosis fungoides is best described as: (Kerala PG 10)
- Cutaneous fungal infection
 - Exematous reaction
 - Skin
 - Cutaneous T lymphoma

Ref: Harrison's 18/e p932, 17/e p697

153. A patient presents with massive splenomegaly, lab examination reveals WBC count 4200/cmm, Platelet count 90,000/cmm, and bone marrow aspiration reveals; a dry tap. Diagnosis is: (WB PG 08)
- CML
 - CLL
 - Hairy Cell Leukemia
 - Myeloid Dysplasia with myelofibrosis

Ref: Harrison's 18/e p931, 932, 17/e p696

154. Lymphoplasmocytic lymphoma is caused by which infection: (Rajasthan 2009)
- H. pylori
 - HHV 8
 - e.B.virus
 - Hepatitis C

Ref: Harrison's 18/e p932

155. Best Rx for CM L is: (Rajasthan 2009)
- Autologous BMT
 - Allogenic BMT
 - Alpha interferon
 - Hydroxyurea

Ref: Harrison's 18/e p915-918

156. High serum uric acid, high serum phosphates and high serum creatinine in a patient will be observed in:
- Chronic lymphocytic leukemia (DP PGMEET 2009)
 - Obstructive jaundice
 - Status epilepticus
 - Typhoid

Ref: Harrison's 18/e p926, 17/e p1736-1736

157. A pt with an Hb of 6, WBC count of 2000, has a normal Different count except for having 6% blasts; platelets are reduced to 80,000; moderate splenomegaly is present; possible diagnosis is: (AI 2001)
- Leukemia
 - Aplastic anemia
 - Hemolysis
 - ITP

Ref: Harrison's 18/e p903

158. The subtype of Hodgkin's disease, which is histogenetically distinct from all the other subtypes, is: (AI 05)
- Lymphocyte predominant
 - Nodular sclerosis
 - Mixed cellularity
 - Lymphocyte depleted

Ref: Harrison's 18/e p935, 17/e p689

159. The lymphocytic and histiocytic variant of Reed Sternberg cell is seen in: (AIIMS Nov 05)
- Follicular center lymphoma
 - Lymphocyte depleted Hodgkin's disease
 - Nodular sclerosis Hodgkin's disease
 - Lymphocyte predominant Hodgkin's disease

Ref: Harrison's 18/e p935

160. Which of the following types of Hodgkins lymphomas is associated with a good prognosis: (DNB Dec 2010)
- Lymphocyte Predominance
 - Lymphocyte Depletion
 - Nodular sclerosis
 - Mixed cellularity

Ref: Harrison's 18/e p934

161. Classical markers for Hodgkin's disease is: (AIPGMEET 08)
- CD 15 and CD 30
 - CD 15 and CD 22
 - CD 15 and CD 20
 - CD 20 and CD 30

Ref: Harrison's 18/e p934

162. All are true regarding Hodgkin's lymphoma, except: (AI 2000)
- CNS is the commonest site of involvement
 - Characteristic cell is a Reed Sternberg cell
 - Mediastinal involvement is common in nodular-sclerosis type
 - Eosinophils, plasma cells and neutrophils increase

Ref: Harrison's 18/e p934, 17/e p699

Ans. 148. d. Tretinoin	149. b. Elevated	150. d. Imatinib	151. d. Chronic myeloid...
152. d. Cutaneous T...	153. c. Hairy Cell...	154. d. Hepatitis C	155. b. Allogenic BMT
156. a. Chronic lymph...	157. a. Leukemia	158. a. Lymphocyte...	159. d. Lymphocyte...
160. a. Lymphocyte...	161. a. CD 15 and CD 30	162. a. CNS is the commonest...	

163. The paraneoplastic syndrome associated with Hodgkin's disease is: (AIIMS Nov 05)

- a. Nephrotic syndrome
- b. Retinopathy
- c. Cerebellar degenerative disease
- d. Acanthosis nigricans

Ref: Harrison's 18/e p934, 17/e p699

164. All of the following are the good prognostic features Hodgkin's disease except: (AI 04)

- a. Haemoglobin > 10 gm/dl
- b. WBC count < 15000/mm³
- c. Absolute lymphocyte count < 600/ul
- d. Age < 45 yrs

Ref: Harrison's 18/e p934

165. All of the following are poor prognostic factors for Hodgkin's disease, except: (PGI Dec 01)

- a. Younger age
- b. Systemic manifestations
- c. Lymphocyte depletion
- d. Mediastinal disease
- e. Stomach involvement

Ref: Harrison's 18/e p934

166. A patient with Hodgkin's lymphoma is having a single cervical lymph node. Biopsy showed lymphocyte predominant variant. Which of the following is the treatment of choice: (AIIMS Nov 2000)

- a. Chemotherapy with Radiotherapy
- b. Chemotherapy only
- c. Radiotherapy only
- d. No treatment needed

Ref: Harrison's 18/e p935, 17/e p700

167. True for Hodgkin's stage IA is: (PGI Dec 05)

- a. Chemotherapy is best
- b. Radiotherapy is best
- c. Total radiation therapy is best treatment
- d. Fever and wt loss is always present

Ref: Harrison's 18/e p934

168. Treatment of choice in Hodgkin's Lymphoma is:

- a. CHOP
- b. MOPP
- c. ABVD
- d. MOPP and ABVD hybrid

Ref: Harrison's 18/e p934

169. All of the following statements about Treatment of Hodgkin's lymphoma are true, except: (PGI June 07)

- a. ABVD is the most commonly used Regimen
- b. Sterility is more frequent after ABVD than MOPP
- c. Combination chemotherapy is the mainstay of treatment in Advanced Hodgkin's disease
- d. WBC count > 15000/mm³ is a poor prognostic factor

Ref: Harrison's 18/e p935, 17/e p699

170. The classification proposed by the International Lymphoma Study Group for non-Hodgkin's lymphoma is known as:

- a. Kiel classification

- b. REAL classification
- c. WHO classification
- d. Rappaport classification

171. Which of the following is not a B-cell neoplasm?

(AIIMS May 06)

- a. Hairy cell leukemia
- b. Angiocentric lymphoma
- c. Mantle cell lymphoma
- d. Burkitt's lymphoma

Ref: Harrison's 18/e p920, 17/e p688

172. Plasmacytoid Lymphomas may be associated with:

(AI 2010)

- a. IgG
- b. IgM
- c. IgA
- d. IgE

Ref: Harrison's 18/e p942, 17/e p706

173. "International prognostic index" for lymphoma includes the following prognostic factors except: (AI 2009)

- a. Stage of disease
- b. Number of extralymphatic sites involved
- c. LDH
- d. Hemoglobin and Albumin

Ref: Harrison's 18/e p925, Table 110-9, 17/e p692

174. Intermediate grade of NHL are all except: (AI 2000)

- a. Diffuse small cell cleaved
- b. Diffuse large cell I
- c. Mycosis fungoides
- d. Diffuse mixed

Ref: Harrison's 18/e p925, Table 110-9

175. In Burkitt's lymphoma, translocation seen is chromosome:

(AIIMS May 01)

- a. 12-14 translocation
- b. 8-14 translocation
- c. 4-8 translocation
- d. 12-18 translocation

Ref: Harrison's 18/e p931, 17/e p696

176. Translocation t(2;8)(p12;q24) is associated with: (AI 2010)

- a. Chronic Myeloid Leukemia (CML)
- b. Acute Myeloid Leukemia (AML)
- c. T cell-ALL
- d. Burkitt's Lymphoma

Ref: Harrison's 18/e p931, 17/e p696

177. Burkitt's Lymphoma is associated with which of the following viruses: (DNB 2012)

- a. EBV
- b. HTLV-1
- c. HHV-8
- d. Adenovirus

Ref: Harrison's 18/e p931, 17/e p696, 690

178. Burkitt's Lymphoma is associated with: (AI 2010)

- a. t(8;14)
- b. t(11;14)
- c. t(15;17)
- d. t(14;18)

Ref: Harrison's 18/e p931, 17/e p689

Ans. 163. c. Cerebellar...	164. c. Absolute lymphocyte...	165. a. Younger age	166. c. Radiotherapy only
167. b. Radiotherapy is...	168. c. ABVD	169. b. Sterility is more...	170. b. REAL classification
171. b. Angiocentric...	172. b. IgM	173. d. Hemoglobin and...	174. c. Mycosis fungoides
175. b. 8-14 translocation	176. d. Burkitt's Lymphoma	177. a. EBV	178. a. t(8;14)

179. All of the following statements about Burkitt's lymphoma are true, except: (PGI June 02)

- B cell lymphoma
- 8, 14 translocation
- Can present as an abdominal mass
- Radiotherapy is the treatment of choice

Ref: Harrison's 18/e p931

180. All of the following statements about Hairy cell leukaemia are true except: (AI 2004)

- Splenomegaly is conspicuous
- Results from an expansion of neoplastic T lymphocytes
- Cells are positive for Tartrate Resistant Acid phosphatase
- The cells express CD25 consistently

Ref: Harrison's 18/e p931

181. CD 19 positive, CD22 positive, CD103 positive monoclonal B-cells with bright kappa positivity were found to comprise 60% of the peripheral blood lymphoid cells on flow cytometric analysis in a 55 year old man with massive splenomegaly and a total leucocyte count of $3.3 \times 10^9/L$. Which one of the following is the most likely diagnosis?

- Splenic lymphoma with villous lymphocytes
- Mantle cell lymphoma (AIIMS Nov 2004)
- B-cell prolymphocytic leukemia
- Hairy cell leukemia Ref: Harrison's 18/e p920, 17/e p697

182. A 63 year old man presents with splenomegaly and lymphadenopathy. Immunophenotype was positive for CD19, CD79b and FMC7. The most likely diagnosis is:

- Hairy cell leukemia (AIIMS May 01)
- Mantle cell Lymphoma (MCL) (AI 2003)
- Chronic Lymphocytic Leukemia (CLL)
- Follicular Lymphoma Ref: Harrison's 18/e p929

183. Which of the following vaccines are contra-indicated in HIV patients with CD4 counts $<200/mm^3$? (J & K 2012)

- Pneumococcal vaccine
- Hepatitis B vaccine
- Influenza vaccine
- BCG vaccine Ref: Harrison's 18/e p1545-1546, 1047

184. 80 year old, asymptomatic man present with a Total Leucocyte Count of 1 lakh, with 80% lymphocytes and 20% PMCs. What is the most probable diagnosis?

- HIV (AI 2005, AI 2007)
- CML
- CLL
- TB Ref: Harrison's 18/e p916, 920

185. All of the following are true about Chronic Lymphocytic Leukemia, except: (PGI 2008)

- Diagnosed on routine blood tests
- Leukocytosis is prominent
- Can present as acute leukemia
- T lymphocyte CLL is more common

Ref: Harrison's 18/e p925, 92617/e p693

186. A patient aged 66 years complains of fatigue. On examination he had anaemia lymphadenopathy and hepatosplenomegaly. Blood examination revealed normocytic normochromic anaemia with malignant lymphocytes in peripheral smear,

increased IgM and likely diagnosis?

(AP 2012)

- IgM myeloma
- Waldenstrom's macroglobulinemia
- CLL
- POEMS syndrome

Ref: Harrison's 18/e p943

187. A 48 years of woman was admitted with a history of weakness for two months. On examination cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5g/dl. Platelet count $237 \times 10^9/L$, and total leukocyte count $40 \times 10^9/L$, which include 80% mature lymphoid cell with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for CD19, CD5, CD20 and were negative for CD79B and FMC(-7). Which one of the following statements is not true about this disease? (AIIMS Nov 2004)

- Trisomy 12 correlates an aggressive clinical course
- Abnormalities of 13q 14 are associated with long term survival
- Case with 11q22-23 deletions have excessive lymphadenopathy
- t (11;14) translocation is present in most of the cases

Ref: Harrison's 18/e p923, 17/e p690

188. A 48 year old women was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm below the costal margin. Her hemoglobin was 10.5 g/dl, platelet count $2.7 \times 10^9/L$ and total leukocyte count $40 \times 10^9/L$, which included 80% mature lymphoid cells with coarse clumped chromatin. Bone marrow revealed nodular lymphoid infiltrate. The peripheral blood lymphoid cells were positive for CD 19, CD 5, CD20 and CD23 and were negative for CD79B and FMC-7. The histopathological examination of the lymph node in this patient will most likely exhibit effacement of lymph node architecture by:

- A pseudofollicular pattern with proliferation centers
- A monomorphic lymphoid proliferation with a nodular pattern (AI 2005)
- A predominantly follicular pattern
- A diffuse proliferation of medium to large lymphoid cells with high mitotic rate

189. A 48 year old woman was admitted with a history of weakness for two months. On examination, cervical lymph nodes were found enlarged and spleen was palpable 2 cm platelet count $237 \times 10^9/L$ and total leukocyte count $40 \times 10^9/L$ with coarse clumped chromatin. Bone marrow revealed a nodular lymphoid infiltrate. The peripheral blood lymphoid were negative for CD 19, CD5, CD 20 and CD 23 and were negative for CD 79 B and FMC-7: (AIIMS Nov 05)

What is the most likely diagnosis?

- T-cell rich B-cell lymphoma with leukemic spill over in blood
- Chronic lymphocytic leukemia
- Mantle cell lymphoma
- A definite diagnosis can not be made in this patient without lymph node biopsy Ref: Harrison's 18/e p943

Ans. 179. d. Radiotherapy is...	180. b. Results from an...	181. d. Hairy cell leukemia	182. b. Mantle cell Lymphoma...
183. b. Hepatitis B vaccine	184. c. CLL	185. d. T lymphocyte CLL...	186. b. Waldenstrom's ...
187. d. t (11;14)...	188. a. A pseudofollicular...	189. b. Chronic lymphocytic...	

190. Peripheral smear with increased neutrophils, basophils, eosinophils, and platelets is highly suggestive of:

- Acute myeloid leukemia (AIIMS May 06)
- Acute lymphoblastic leukemia
- Chronic myelogenous leukemia
- Myelodysplastic syndrome

Ref: Harrison's 18/e p915

191. A 60 year old man presented with fatigue, weight loss and heaviness in left hypochondrium for 6 months. The hemogram showed Hb. 10gm/dL, TLC 5 lakhs/mm³, platelet count 4 lakhs/mm³, DLC; neutrophil 55%, lymphocytes 4%, monocytes 2%, basophils 6%, metamyelocytes 10%, myelocytes 18%, promyelocytes 2% and blast 3%. The most likely cytogenetic abnormality in this case is:

- t (1; 21) (AIIMS May 03)
- t (9; 22)
- t (15; 17)
- Trisomy 21

Ref: Harrison's 18/e p915, 17/e p684

192. In a patient suffering from chronic myeloid leukemia, Hb falls from 11g% to 4g% in a short span of time, and splenomegaly occurs. The cause could be (select two options): (PGI June 02)

- Accelerated phase
- CML in blast crisis
- Ineffective erythropoiesis
- Myelofibrosis

Ref: Harrison's 18/e p915, 17/e p684

193. Which one of the following is not a criterion for making a diagnosis of chronic myeloid leukemia in accelerated phase: (AIIMS Nov 2004)

- Blasts 10-19% of WBC's in peripheral blood
- Basophils 10-19% of WBC'S in peripheral blood
- Increasing spleen size unresponsive to therapy
- Persistent thrombocytosis (>1000 × 10⁹/L) unresponsive to therapy

Ref: Harrison's 18/e p915, 17/e p684

194. Drug of choice for chronic myeloid Leukemia (CML) is:

- Hydroxyurea (AI 2008)
- Imatinib
- Infliximab
- IFN

Ref: Harrison's 18/e p915

195. Reticulocyte count is increased in all except: (J & K 2010)

- Hemolytic anemia
- Iron deficiency anemia under specific treatment
- Aplastic anemia after blood transfusion
- In chronic hemorrhage with adequate hematocrit stores

Ref: Harrison's 18/e p452

196. Which of the following is not compatible with a diagnosis of chronic myelomonocytic leukemia?

- Peripheral blood monocytosis more than 1×10⁹/L (AIIMS Nov 03)

- Absence of Philadelphia chromosome
- More than 20% blasts in blood or bone marrow
- Absent or minimal dysplasia in myeloid lineages.

Ref: Harrison's 18/e p914

197. Mycosis fungoides which is not true: (AI 2007)

- It is the most common form of cutaneous lymphoma
- Pautrier's microabscess
- Indolent course and easily amenable to treatment
- Erythroderma seen and spreads to peripheral circulation

Ref: Harrison's 18/e p932, 17/e p697

G. PLASMA CELL DISORDERS

198. All these are true in relation to multiple myeloma, except:

- Increased ESR (J & K 2010)
- Increased alkaline phosphatase
- Punched out lesions in the bones
- Increased plasma cells in the bone marrow

Ref: Harrison's 18/e p712

199. Splenomegaly is a rare feature of: (MP PG 2009)

- Multiple myeloma
- Polycythemia vera
- Myelofibrosis
- Hairy cell leukemia

Ref: Harrison's 18/e p470-471, 17/e p374

200. Bad prognosis in multiple myeloma is indicated by:

- WBC>20000 (Feb DP PGME 2009)
- Azotemia
- Hypocalcemia
- Low or normal M component production

Ref: Harrison's 18/e p942

201. Which of the following types of multiple myeloma is maximally and most commonly associated with increased risk of hyperviscosity syndrome? (MHPGM CET 2010)

- IgM
- IgG
- IgD
- IgA

Ref: Harrison's 18/e, p941, 17/e p704;
Robbin's 7/e p680

202. Most important prognostic factor of multiple myeloma:

- B2 microglobulin (WB PG 08)
- Hypercalcemia
- CRP
- % of plasma cells in the marrow

Ref: Harrison's, 18/e p941, 17/e p704

203. Punched out appearance in skull seen in: (UP 2011)

- Multiple myeloma
- Thalassemia
- Carcinoma lung
- Hyperparathyroidism

Ref: Harrison's 18/e p937, 938

Ans. 190. c. Chronic...	191. b. t (9; 22)	192. a. and b	193. d. Persistent...
194. b. Imatinib	195. c. Aplastic anemia...	196. c. More than 20%...	197. c. Indolent course and easily...
198. b. Increased alkaline	199. a. Multiple myeloma	200. b. Azotemia	201. a. IgM
202. a. B2 microglobulin	203. a. Multiple myeloma		

204. **Beta 1- macroglobulin is a tumor marker for:**
 a. Multiple myeloma (Rajasthan 2009)
 b. Lung cancer
 c. Colonic neoplasm
 d. Choriocarcinoma
Ref: Harrison's 18/e p652
205. **Diagnostic criteria of multiple myeloma include:**
 a. Plasmacytosis > 30% (Rajasthan 2009)
 b. Lytic bone marrow
 c. Bence jones proteinuria
 d. All of the above
Ref: Harrison's 18/e p937-940
206. **Which of the following disease can be associated with short QT interval on ECG?:** (DP PGME 2009)
 a. Chronic myeloid leukemia
 b. Multiple myeloma
 c. Chronic lymphocytic leukemia
 d. Hodgkin's disease
Ref: Harrison's 18/e p1832, 17/e p701-704
207. **The signal most powerful predictor of survival in multiple myeloma is:** (DP PGME 2010)
 a. 'M' component production
 b. Bone marrow plasmacytosis
 c. Serum beta 2-microglobulin level
 d. Serum calcium level
Ref: Harrison's 18/e p712,714, 17/e p702-704
208. **Pneumococcal vaccine is advocated for all except:** (DP PGME 2010)
 a. Diabetes mellitus
 b. Sickle cell anaemia
 c. Renal failure
 d. Cystic fibrosis
Ref: Harrison's 18/e p1158-1159, 17/e p871
209. **Which of the following is the least common feature of Multiple Myeloma:** (AI 2012)
 a. Bone pain
 b. Normocytic Normochromic Anemia
 c. Susceptibility to bacterial infection
 d. Hyperviscosity syndrome
Ref: Harrison's 18/e p939
210. **Which of the following is not a major criteria for diagnosis of multiple myeloma?** (AI 2006)
 a. Lytic bone lesions
 b. Plasmacytoma on tissue biopsy
 c. Bone marrow plasmacytosis > 30%
 d. 'M' spike > 3g% for Ig G, > 2g% for IgA
Ref: Harrison's 18/e p940
211. **Which is not a minor criteria of Multiple Myeloma?** (AIIMS Nov 2008)
 a. Multiple lytic lesions
 b. Plasmacytosis > 20%
 c. Plasmacytoma in tissue
 d. S. IgG > 3gm, IgA > 1.5
Ref: Harrison's 18/e p940
212. **All of the following are minor criteria for multiple Myeloma, except:** (AIIMS Nov 2010)
 a. Plasmacytosis 20%
 b. Multiple lytic lesions
 c. Plasmacytoma on tissue biopsy
 d. Monoclonal Ig spike < 2g/dl for IgA and < 3.5 for IgG
Ref: Harrison's 18/e p940
213. **True about Myeloma is all, except:** (AIIMS Nov 01)
 a. Plasma cell clonal proliferation
 b. Common after 50 yrs of age
 c. Amyloidosis can occur
 d. Protein casts in urine are made up of complete Ig chains
Ref: Harrison's 18/e p940, 17/e p703, 704
214. **Which of the following may be seen in Multiple Myeloma:** (PGI June 05)
 a. Decreased Calcium
 b. Sclerotic bone lesion
 c. Bone deposition
 d. Renal failure
Ref: Harrison's 18/e p940, 17/e p938, 939
215. **The following is the least useful investigation in multiple myeloma:** (AI 2007)
 a. ESR
 b. X-Ray
 c. Bone scan
 d. Bone marrow biopsy
Ref: Harrison's 18/e p940
216. **An elderly male presents with headache, recurrent infections and multiple punched out lytic lesions of X-Ray skull. The investigation that will best help in establishing a diagnosis is:** (AI 2009)
 a. Protein electrophoresis
 b. Serum calcium
 c. Alkaline phosphatase levels
 d. Acid phosphatase levels
Ref: Harrison's 18/e p940
217. **Multiple myeloma is characterized by all except:** (PGI 2000)
 a. Presence of light chains
 b. Monoclonal gammopathy
 c. Polyclonal gammopathy
 d. Hypergammaglobulinemia
Ref: Harrison's 18/e p936, 940, 941
218. **True about Multiple myeloma are all except:** (PGI 2000)
 a. Bence Jones protein in urine
 b. Hypogammaglobulinemia
 c. Amyloidosis
 d. Plasmacytosis < 10%
 e. Renal failure
Ref: Harrison's 18/e p940
219. **A patient of multiple myeloma presents with bony lesions. What is the best marker for prognosis of the disease:**
 a. Bone marrow plasma cell (AIIMS June 99; AIIMS 2000)
 b. Serum calcium level
 c. Beta 2 microglobulin
 d. Beta 1 microglobulin
Ref: Harrison's 18/e p940

Ans.	204. a. Multiple myeloma	205. d. All of the above	206. b. Multiple myeloma	207. c. Serum beta...
	208. d. Cystic fibrosis	209. d. Hyperviscosity...	210. a. Lytic bone lesions	211. c. Plasmacytoma...
	212. c. Plasmacytoma...	213. d. Protein casts in urine...	214. d. Renal failure	215. c. Bone scan
	216. a. Protein...	217. c. Polyclonal gammopathy	218. d. Plasmacytosis < 10%	219. c. Beta 2...

220. A 58 years old woman, who had backache and recurrent chest infections for 6 months, develops sudden weakness of the legs and urinary retention. Her investigations show hemoglobin of 7.3 gm/dl, serum calcium 12.6 mg/dl, phosphate 2.5 mg/dl, alkaline phosphatase 100 u/l, serum albumin 3 gm/dl, globulin 7.1 gm/dl, and urea 178 mg/dl. What is the most likely diagnosis? (AI 06)
- Lung cancer
 - Disseminated tuberculosis
 - Multiple myeloma
 - Osteoporosis *Ref: Harrison's 18/e p938, 939 17/e p703, 704*
221. Ramlal 65 yrs old male, presents with low back pain especially at L3, anaemia and fatigability. His investigation profile reveals-Hb = 7 gm%, TLC-9000/cmm, DLC-N-55%, L-30%, M-10%, E-1%, B-2%, Serum proteins-8 gm %, ratio-2.9/5.9, ESR-90 and serum creatinine-3.2 mg%. Likely diagnosis is: (AIIMS Nov 01)
- Waldenstrom's macroglobulinemia
 - Multiple myeloma
 - TB spine
 - Secondaries in spine *Ref: Harrison's 18/e p940, 17/e p704*
222. Which of the following drugs is not used for the management of multiple myeloma: (DNB)
- Bortezomib
 - Hydroxyurea
 - Melphelan
 - Cyclophosphamide *Ref: Harrison's 18/e p941, 942*
223. All of the following drugs are used in the treatment of Multiple myeloma, except: (PGI 09)
- Bortezomib
 - Melphelan
 - Hydroxyurea
 - Cyclophosphamide *Ref: Harrison's 18/e p941, 17/e p705*
224. True about smoldering myeloma is: (PGI June 2008)
- Monoclonal gammopathy
 - Lytic bone lesion
 - Hypercalcemia
 - Bone Marrow Plasma cell < 10% *Ref: Harrison's 18/e p940, 17/e p704*
225. An 80 year old asymptomatic woman was detected to have a monoclonal spike on serum electrophoresis (IgG levels 1.5 g/dl). Bone marrow revealed plasma cells of 8%. The most likely diagnosis is: (AI 2004)
- Multiple myeloma
 - Indolent myeloma
 - Monoclonal gammopathy of unknown significance
 - Waldenstrom's macroglobulinemia *Ref: Harrison's 18/e p940, 17/e p704, 706*
226. Ramesh 60 years, presents with generalized bone pain. On examination there is elevated ESR of 100 mm, serum globulin 7, lytic lesions in the skull, serum creatinine of 3.5 mg/dL and serum calcium of 11 mg/dL. What is the most likely diagnosis: (AIIMS Nov 2000)
- Waldenstrom's macroglobulinemia
 - Multiple myeloma
 - Hyperparathyroidism
 - Osteomalacia *Ref: Harrison's 18/e p940 Robbin's 8/e p611*
227. Which of the following statement is not true? (AI 2005)
- Patients with IgD myeloma may present with no evident M-spike on serum electrophoresis
 - A diagnosis of plasma cell leukemia can be made if circulating peripheral blood plasmablasts comprise 14% of peripheral blood white cells in a patient with white blood cell count of $1 \times 10^9/L$ and platelet count of $88 \times 10^9/L$
 - In smoldering myeloma plasma cells constitute 10-30% of total bone marrow cellularity
 - In a patient with multiple myeloma, a monoclonal light chain may be detected in both serum and urine *Ref: Harrison's 18/e p940*

H. BLEEDING/COAGULATION DISORDER

228. Prothrombin time is prolonged in: (Karnataka 2011)
- Factor X deficiency
 - Factor IX deficiency
 - Factor H deficiency
 - Lupus anticoagulant *Ref: Harrison's 18/e p973, Davidson's, 21/e p996, box 24.3*
229. Coagulation defect involving both the arterial and venous system is seen in: (MHPGM-CET 2010)
- Factor V Leiden
 - Protein C deficiency
 - Antithrombin III deficiency
 - Hyperhomocystinemia *Ref: Harrison's 18/e p462, 17/e p367; Table 59-3*
230. Most common congenital bleeding disorder?
- von Willebrand disease (Maharashtra 2011)
 - Glanzmann's thrombasthenia
 - Bernard Soulier disease
 - Any of the Above *Ref: Harrison's 18/e p971, 17/e p723*
231. PT is prolonged in all except: (Kerala PG 09)
- Factor VII deficiency
 - Vit k deficiency
 - warfarin therapy
 - Heparine therapy *Ref: Harrison's 18/e p610; Table 75-5 Robbin's 8/e p666*
232. Use of heparin is contraindicated in all except: (Kerala PG 10)
- Active TB
 - Previous hypersensitivity
 - Bacterial endocarditis
 - DIC *Ref: Katzung Chap 34*
233. Which among the following factors level is not altered in vit K deficiency? (Kerala PG 10)
- Prothrombin
 - Factor VIII
 - Factor VII
 - Factor X *Ref: Harrison's p367, 728-730*

Ans. 220. c. Multiple myeloma	221. b. Multiple myeloma	222. b. Hydroxyurea	223. c. Hydroxyurea
224. a. Monoclonal...	225. c. Monoclonal...	226. b. Multiple myeloma	227. b. A diagnosis of plasma...
228. a. Factor IX deficiency	229. d. Hyperhomocystinemia	230. a. von Willebrand...	231. d. Heparine therapy
232. d. DIC	233. b. Factor VIII		

234. Severe coagulation factor VIII deficiency is said to occur with activity less than: (MP PG 2008)
 1. 1%
 2. 5%
 3. 25%
 4. 50%
Ref: Harrison's 17/e p726
235. Arterial thrombosis is a feature of all except: (Kerala PG 09)
 a. Homocystinemia
 b. Factor v leiden mutation
 c. Dysfibrinogenemia
 d. Polycythemia vera
Ref: Harrison's 17/e p367
236. The investigation done to rule out coagulation factor XIII deficiency is: (MP PG 2008)
 a. Paracoagulation test
 b. 5 M urea solubility test
 c. Englobulin blood clot lysis time
 d. Russell's viper venom clotting time
Ref: Nelson's 18/e p2071
237. Hemophilia is: (UP 2011)
 a. Autosomal dominant
 b. Autosomal recessive
 c. X-linked dominant
 d. X-linked recessive
Ref: Harrison's 18/e p974
238. Warfarin effect is decreased by: (MP PG 2008)
 a. Quinidine
 b. Cloribrate
 c. Barbiturate
 d. Cholestyramine
Ref: KDT's 6/e p602
239. Antiplatelet action of aspirin lasting how many days: (Rajasthan 2009)
 a. 2
 b. 4
 c. 7
 d. 10
Ref: Harrison's 18/e p989, 990-35
240. Vitamin K dependent coagulation factors include: (AI 2010)
 a. II and III
 b. IX and X
 c. III and V
 d. VIII and XII
Ref: Harrison's 18/e p980
241. Which is most likely to be increased in Vit K deficiency: (AI 2000)
 a. P.T.T.
 b. P.T.
 c. Platelet count
 d. Fibrinogen time
Ref: Harrison's 18/e p980
242. A patient is on aspirin, what will be the finding? (AI 2007)
 a. Prolonged BT
 b. Prolonged PT
 c. Prolonged APTT
 d. Prolonged CT
Ref: Harrison's 18/e p973
243. Platelet function may be assessed by (select two options): (PGI Dec 02)
 a. Platelet adhesion Assays
 b. BT
 c. CT
 d. PTT
 e. APTT
Ref: Harrison's 18/e p965
244. Which of the following is not involved in intrinsic pathway? (AI 2009)
 a. Factor XII
 b. Factor XI
 c. Factor IX
 d. Factor VII
Ref: Harrison's 18/e p974
245. Which of the following helps in bridging the fibrin in a clot and stabilizes the clot? (AI 2009)
 a. Factor XIII
 b. Factor V
 c. Factor VIII
 d. Factor III
Ref: Harrison's 18/e p974, 17/e p364
246. A patient has normal PT and Platelet Count. The aPTT is increased and factor VIII levels are observed to be 60 IU/dL (60%). There is no associated history of bleeding even after a surgical procedure. The most likely diagnosis is:
 a. Factor IX deficiency (AIIMS Nov 2011)
 b. Factor VIII inhibitors
 c. Lupus anticoagulant
 d. Thalassemia
Ref: Harrison's 18/e p974, Robbin's 8/e p214, 651
247. A child underwent a tonsillectomy at 6 years of age with no complications. He underwent a preoperative screening for bleeding at the age of 12 years before an elective laparotomy, and was found to have a prolonged partial thromboplastin time but normal Prothrombin time. There was no family history of bleeding. The patient is likely to have:
 a. Acquired vitamin K deficiency (AIIMS Nov 2004)
 b. Acquired liver disease
 c. Factor XII deficiency
 d. Mild hemophilia A
Ref: Harrison's 18/e p978
248. A 35 year old lady presents with an isolated prolongation of aPTT. Prothrombin time (PT) and platelet count are normal and there is no obvious bleeding tendency. Two years back, she was operated for cholecystectomy and had no adverse bleeding episode. Which of the following should be the next step in evaluating this patient: (AIIMS Nov 2010)
 a. Factor VIII Assay
 b. Platelet aggregation test
 c. Russell viper venom assay
 d. Ristocetin cofactor assay
Ref: Harrison's 18/e p978
249. Which of the following statements about coagulation factor VII is not true: (AI 2009)
 a. Deficiency is inherited as an Autosomal Recessive trait
 b. Deficiency is associated with prolonged APTT
 c. Deficiency can be managed by Fresh Frozen plasma
 d. Has a shorter half life in comparison to Hageman factor (XII)
Ref: Harrison's 18/e p973, 17/e p725

Ans. 234. a. 1%	235. b. Factor v leiden...	236. b. 5 M urea solubility...	237. d. X-linked recessive
238. c. Barbiturate	239. c. 7	240. b. IX and X	241. b. P.T.
242. a. Prolonged BT	243. a. Platelet adhesion...	244. d. Factor VII	245. a. Factor XIII
246. c. Lupus antioa...	247. c. Factor XII deficiency	248. c. Russell viper venom...	249. b. Deficiency is...

- 250. Spontaneous muscle bleeding is typically seen in:** (DNB 2009)
 a. Hemophilia
 b. Afibrinogenemia
 c. von Willebrand's disease
 d. Scott's syndrome
Ref: Harrison's 18/e p460
- 251. True about Haemophilia A are all except:** (AI 2001)
 a. PTT increased
 b. PT increased
 c. Clotting time is increased.
 d. Serum levels of factor VIII are decreased.
Ref: Harrison's 18/e p974, 17/e p726
- 252. In a patient of Hemophilia to be taken for dental extraction true is all, except:** (AIIMS Nov 01)
 a. All patients should be screened for HIV
 b. Extraction should be done under general anaesthesia and skilled anaesthetic care
 c. Factor VIII or cryoprecipitate can be needed
 d. Dose of Lignocaine required for anaesthesia is same as that for normal individuals
Ref: Harrison's 18/e p975, 17/e p727
- 253. True about Von Willebrand's disease is all except:**
 a. Increased bleeding time (AIIMS 2000)
 b. Factor VIII c levels are decreased in circulation.
 c. Increased platelet aggregation in response to Ristocetin
 d. APTT is increased
Ref: Harrison's 18/e p971 972
- 254. What is the most common cause for Budd chiari syndrome:** (AIIMS Nov 2000)
 a. Right ventricular failure
 b. PNH
 c. Valve in hepatic veins
 d. Polycythemia vera
Ref: Harrison's 17/e p2082
- 255. A seven year old girl presents with repeated episodes of bleeding into joints. APTT is prolonged and PT is normal. The most likely diagnosis is.** (AI 2009)
 a. Factor VIII deficiency (Hemophilia A)
 b. Factor VII deficiency
 c. von Willebrand Disease
 d. Factor XII deficiency
Ref: Harrison's 18/e p971, 17/e p725, 726
- 256. Best assay for deficiency of von Willebrand factor is:**
 a. Bleeding time (PGI Dec 01)
 b. BT + APTT
 c. BT + APTT + vWF-ristocetin factor assay
 d. PT
Ref: Harrison's 18/e p973, 972
- 257. Wiskott Aldrich syndrome is characterized by all except:** (AIIMS Nov 2009)
 a. Thrombocytopenia
 b. Autosomal recessive
 c. Failure of aggregation of platelets in response to agonists
 d. Eczema
Ref: Harrison's 18/e p969, 17/e p2060
- 258. A patient presents with Thrombocytopenia, eczema and recurrent infection. The most probable diagnosis is:**
 a. Wiskott Aldrich syndrome (DNB Dec 2009)
 b. Chediak-Higashi syndrome
 c. Job's syndrome
 d. Bruton's Agammaglobulinemia
Ref: Harrison's 18/e p969, 17/e p2060
- 259. All of the following statements about Wiskott- Aldrich syndrome are true, except:** (AIIMS NOV 2008)
 a. Autosomal Recessive disorder
 b. Eczematous Rash
 c. Impaired platelet aggregation in response to agonist
 d. Thrombocytopenia
Ref: Harrison's 18/e p969, 17/e p2060
- 260. The presence of small sized platelets on the peripheral smear is characteristic of:** (AIIMS Nov 03)
 a. Idiopathic thrombocytopenic purpura
 b. Bernard soulier syndrome
 c. Disseminated intravascular coagulation
 d. Wiskott Aldrich syndrome
Ref: Harrison's 18/e p969, 17/e p2060
- 261. Which is not true regarding Bernard soulier syndrome?**
 a. Ristocetin aggregation is normal (AI 2007)
 b. Aggregation with collagen and ADP is normal
 c. Large platelets
 d. Thrombocytopenia
Ref: Harrison's 18/e p969
- 262. All of the following can cause megakaryocytic thrombocytopenia, except:** (AIIMS Nov 04)
 a. Idiopathic thrombocytopenic purpura
 b. Systemic lupus erythematosus
 c. Aplastic anemia
 d. Disseminated intravascular coagulation (DIC)
Ref: Harrison's 18/e p968
- 263. Thrombocytopenia occurs in all except:** (AI 2001)
 a. Henoch schonlein purpura
 b. TTP
 c. DIC
 d. Wiskott Aldrich syndrome
Ref: Harrison's 18/e p2797, 17/e p2128
- 264. Palpable purpura could occur in the following conditions, except:** (AI 2005)
 a. Thrombocytopenia.
 b. Small-vessel vasculitis.
 c. Disseminated gonococcal infection.
 d. Acute meningococemia.
Ref: Harrison's 18/e p421, 17/e p334
- 265. Which of the following statements about Acute Immune Thrombocytopenic Purpura is not true:** (PGI 09)
 a. Autoimmune Mediated
 b. Massive Splenomegaly
 c. Increased Megakaryocytes in marrow
 d. IV immunoglobulins may be required
 e. Usually self limiting condition
Ref: Harrison's 18/e p421

Ans. 250. a. Hemophilia	251. b. PT increased	252. b. Extraction should be...	253. c. Increased platelet...
254. d. Polycythemia vera	255. c. Von Willebrand...	256. c. BT + APTT...	257. b. Autosomal recessive
258. a. Wiskott Aldrich...	259. a. Autosomal Recessive...	260. d. Wiskott Aldrich...	261. a. Ristocetin aggregation...
262. c. Aplastic anemia	263. a. Henoch schonlein...	264. a. Thrombocytopenia	265. a. Autoimmune Mediated

266. The following laboratory determinants is abnormally prolonged in ITP: (AI 2002)
 a. APTT
 b. Prothrombin time
 c. Bleeding time
 d. Clotting time *Ref: Harrison's 18/e p460, 17/e p366*
267. All of the following feature may be seen in thrombotic thrombocytopenic purpura, except: (AI 2002)
 a. Fever
 b. Haemolysis
 c. Hypertension
 d. Low platelets count *Ref: Harrison's 18/e p969, 970, 17/e p722, 723*
268. All of the following statements about Thrombotic thrombocytopenic purpura (TTP) are true, except:
 a. Microangiopathic Hemolytic Anemia
 b. Thrombocytopenia
 c. Normal complement levels
 d. Grossly abnormal coagulation tests *Ref: Harrison's 18/e p969, 17/e p722, 723*
269. A person presents with fever and altered consciousness. Investigations reveal anemia with fragmented red blood cells, platelet count of 20,000/mm³, serum creatinine of 3.0 mg % and normal PT and aPTT. Which of the following is the most appropriate treatment for the patient: (PGI 09)
 a. Plasma exchange therapy
 b. Corticosteroids and Intravenous Immunoglobulins
 c. Anticoagulation with Heparin
 d. Platelet transfusion *Ref: Harrison's 18/e p970, 17/e p723*
270. All of the following are used in the treatment of Thrombotic Thrombocytopenic Purpura, except: (PGI 09)
 a. Plasmapheresis
 b. Corticosteroids
 c. Immunotherapy
 d. Heparin
 e. Platelet transfusion *Ref: Harrison's 18/e p970*
271. Causes of DIC include: (PGI Dec 04)
 a. Leukemia
 b. Massive transfusion
 c. Abruptio placentae
 d. All of the above *Ref: Harrison's 18/e p978, Table 116-2, 17/e p34*
272. Causes of DIC include: (PGI Dec 05)
 a. Lymphoma
 b. Leukemia
 c. Adenocarcinoma prostate
 d. Snake venom
 e. All of the above *Ref: Harrison's 18/e p978, 17/e p729*
273. False statement regarding DIC is: (AI 2001)
 a. Thrombocytopenia
 b. Decreased fibrinogen
 c. Decreased PTT
 d. Increased PT *Ref: Harrison's 18/e p979, 17/e p729*
274. The following is the finding seen in DIVC: (AI 2007)
 a. Increased fibrinogen, increased antithrombin III, increased thrombin-antithrombin III complexes
 b. Increased FDP decreased PT, increased antithrombin III
 c. Increased FDP prolonged PT, increased thrombin-antithrombin complexes
 d. Increased FDP prolonged PT, reduced Platelets *Ref: Harrison's 18/e p979, 17/e p929*
275. The most sensitive test for DIC is: (AI 2001)
 a. Serum fibrinogen levels
 b. Serum levels of fibrin degradation products (FDP)
 c. Prolonged PT and PTT
 d. Thrombocytopenia *Ref: Harrison's 18/e p979, 17/e p729*
276. Disseminated intravascular coagulation (DIC) differs from thrombotic thrombocytopenic purpura. In this reference the DIC is most likely characterized by: (AI 2004)
 a. Significant numbers of schistocytes
 b. A brisk reticulocytosis
 c. Decreased coagulation factor levels
 d. Significant thrombocytopenia *Ref: Harrison's 18/e p969, 17/e p722, 723, 729*
277. All of the following conditions are associated with venous and arterial thrombotic events, except: (AIIMS May 2011)
 a. Paroxysmal Nocturnal Haemoglobinuria (PNH)
 b. Disseminated Intravascular Coagulation
 c. Idiopathic Thrombocytopenic Purpura (ITP)
 d. Heparin Induced Thrombocytopenia (HIT) *Ref: Harrison's 18/e p416, 17/e p367, 741*
278. Coagulation defects associated with ↑ed coagulation are seen in: (PGI Dec 06)
 a. ↑ Protein C
 b. ↑ Protein B
 c. ↑ Anti thrombin III
 d. Dysfibrinogenemia *Ref: Harrison's 18/e p978*
279. Hypercoagulability due to defective factor V gene is called: (AIIMS Nov 03)
 a. Lisbon mutation
 b. Leiden mutation
 c. Antiphospholipid syndrome
 d. Inducible thrombocytopenia syndrome *Ref: Harrison's 18/e p986*
280. Most common inherited thrombotic disorder is: (PGI Dec. 05)
 a. Protein C deficiency
 b. Protein S deficiency
 c. Factor V leiden mutation
 d. Prothrombin gene mutation
 e. tPA deficiency *Ref: Harrison's 18/e p986*
281. Predisposing factor for arterial thrombosis: (PGI Dec 04)
 a. AT III deficiency
 b. Protein S deficiency
 c. Protein C deficiency
 d. Homocystenemia *Ref: Harrison's 18/e p986*

Ans. 266. c. Bleeding time	267. c. Hypertension	268. d. Grossly abnormal...	269. a. Plasma Exchange...
270. d. Heparin	271. d. All of the above	272. e. All of the above	273. c. Decreased PTT
274. d. Increased FDP...	275. b. Serum levels of...	276. c. Decreased...	277. c. Idiopathic...
278. d. Dysfibrinogenemia	279. b. Leiden mutation	280. c. Factor V leiden...	281. d. Homocystenemia...

282. All of the following are acquired causes of Hypercoagulability, except: (AI 2009)

- a. Infection
- b. Inflammatory Bowel disease
- c. Myeloproliferative disorders
- d. Prolonged surgery > 1 hour *Ref: Harrison's 18/e p986*

283. Causes of Deep venous thrombosis include all of the following, except: (AI 2009)

- a. Diabetes Mellitus
- b. Oral contraceptives
- c. Paroxysmal Nocturnal Hemoglobinuria (PNH)
- d. Prolonged surgery *Ref: Harrison's 18/e p986, 17/e p632, 732, 660*

284. A patient is admitted with 3rd episode of deep venous thrombosis. There is no history of any associated medical illness. All of the following investigations are required for establishing the diagnosis except: (AIIMS Nov 2004)

- a. Protein C deficiency
- b. Antithrombin III deficiency
- c. Antibodies to factor VIII
- d. Antibodies to cardiolipin *Ref: Harrison's 18/e p986, 17/e p367, 732, 733, 734*

285. Anti Phospholipid Syndrome (APS) is associated with all of the following except: (AI 2008)

- a. Pancytopenia
- b. Recurrent abortions
- c. Venous thrombosis
- d. Pulmonary hypertension *Ref: Harrison's 18/e p987, 17/e p732, 1579, 2082*

286. Antiphospholipid Antibody (APLA) syndrome is associated with all of the following except: (AI 2010)

- a. Bleeding disorders
- b. Thrombotic disorders
- c. Coagulation disorders
- d. Recurrent fetal loss *Ref: Harrison's 18/e p2734, 17/e p732, 1579, 2082*

287. All of the following statements about Antiphospholipid Antibody Syndrome (APLab) are true, except: (AI 2010)

- a. Single titre of Anticardiolipin is diagnostic
- b. Commonly presents with recurrent fetal loss
- c. May cause pulmonary hypertension
- d. Warfarin is given as treatment *Ref: Harrison's 18/e p2734, 17/e p732, 1579, 2082*

288. The following condition is not associated with an Anti-phospholipid syndrome: (AI 2002)

- a. Venous thrombosis
- b. Recurrent foetal loss
- c. Thrombocytosis
- d. Neurological manifestations *Ref: Harrison's 18/e p2734, 17/e p732, 1579*

289. All of the following statements about Lupus Anticoagulant are true, except: (AI 2009)

- a. May present with an isolated prolongation of APTT

- b. May present with Recurrent Abortions
- c. May occur with minimal clinical manifestations
- d. Thrombotic spells can be followed by severe life threatening haemorrhage *Ref: Internet*

290. Which of the following is recommended in a woman with Antiphospholipid Antibodies and history of prior abortions/still birth: (AI 2010)

- a. Aspirin only
- b. Aspirin + Low molecular weight Heparin
- c. Aspirin + Low molecular weight Heparin + Prednisolone.
- d. No Treatment *Ref: Harrison's 18/e p2734, 17/e p2082*

I. BLOOD TRANSFUSION

291. The following is not true of platelet transfusion:

- a. Useful in ITP *(Feb DP PGME 2009)*
- b. Used in DIC
- c. Effective for 9-10 days
- d. Effect decrease with repeated usage *Ref: Harrison's 18/e p953*

292. Cryoprecipitate is rich in factor: (DP PGME 2010)

- a. II
- b. V
- c. VIII
- d. Fibrinogen *Ref: Harrison's 18/e p952, 953-954, 17/e p710*

293. Platelet can be stored at: (DP PGME 2010)

- a. 20-24°C for 5 days
- b. 20-24°C for 8 days
- c. 4-8°C for 5 days
- d. 4-8°C for 8 days *Ref: Harrison's 18/e p965, 17/e p709*

294. Which of the following statements about Acute Hemolytic blood transfusion reactions is true: (PGI June 04)

- a. Complement mediated Hemolysis is seen
- b. Type III Hypersensitivity is responsible for most cases
- c. rarely life threatening
- d. Renal blood flow is always maintained
- e. No need for stopping transfusion *Ref: Harrison's 18/e p954*

295. MC blood transfusion reaction is: (AI 2008)

- a. Febrile nonhemolytic transfusion reaction
- b. Hemolysis
- c. Transmission of infections
- d. Electrolyte imbalance *Ref: Harrison's 18/e p955, 17/e p711*

296. All of the following infections may be transmitted via blood transfusion, except: (AI 2002)

- a. Parvo B-19
- b. Dengue virus
- c. Cytomegalovirus
- d. Hepatitis G virus *Ref: Harrison's 18/e p954, Table 113-3*

Ans.	282. a. Infection	283. a. Diabetes Mellitus	284. c. Antibodies to factor...	285. a. Pancytopenia
	286. a. Bleeding disorders	287. a. Single titre of...	288. c. Thrombocytosis	289. d. Thrombotic spells...
	290. b. Aspirin + Low...	291. c. Effective for 9-10 days	292. c. VIII	293. a. 20-24°C for 5 days
	294. a. Complement...	295. a. Febrile nonhemolytic...	296. b. Dengue virus	

297. All of the following viruses may be transmitted by blood transfusion except: (AIIMS May 09)

- Parvovirus B-19
- Hepatitis G
- Epstein Bar virus
- Cytomegalovirus

Ref: Harrison's 18/e p954, 956, Table 113-3, 17/e p710, 711, 712

298. Which of the following is the least likely complication after massive blood transfusion: (AIIMS May 09)

- Hyperkalemia
- Citrate toxicity
- Hypothermia
- Metabolic Acidosis

Ref: Harrison's 18/e p956

299. All of the following are major complications of massive transfusion, except: (AI 2006)

- Hypokalemia
- Hypothermia
- Hypomagnesemia
- Hypocalcemia

Ref: Harrison's 18/e p957

300. Which of the following investigations should be done immediately to best confirm a non matched blood transfusion reaction: (AI 2010)

- Indirect Coomb's test
- Direct Coomb's test
- Antibody in patient's serum
- Antibody in donor serum

Ref: Harrison's 18/e p954, 17/e p710

301. Blood components products are: (PGI Dec 05)

- Whole blood
- Platelets
- Fresh frozen plasma
- Leukocyte reduced RBC
- All of the above

Ref: Harrison's 18/e p952, 17/e p709, 710

302. Cryoprecipitate contains all except: (AIIMS Nov 07)

- Factor VIII
- Factor IX
- Fibrinogen
- VWF

Ref: Harrison's 18/e p953

303. Arterial blood Gas analysis in a bottle containing heparin causes a decrease in value of:

- pCO₂
- HCO₃
- pH
- All of the above

Ref: Harrison's 18/e p956

305. ESR is increased in all except:

- Multiple myeloma
- Sickle cell anemia
- Tuberculosis of lung
- Rheumatoid arthritis

Ref: CMDT 10 451, 472, 748; Harrison's 18/e p2076, 17/e p704-637

306. Neutropenic FUO is defined when Neutrophil count is less than? (Maharashtra 2011)

- 1000/mL
- 500/mL
- 350/mL
- 200/mL

Ref: Harrison's 18/e p163, 17/e p130; 134

307. Which of the following is not a feature of DIC?

- Prolonged PT and PTT (Kerela PG 2008)
- Increased fibrin degradation products
- Thrombocytopenia
- Platelet function defect

Ref: Harrison's 18/e p978, p684, 17/e p729

308. All of the following tumor secrete erythropoietin except:

- Cerebellar hemangioblastoma (Kerala PG 10)
- Adrenocortical tumor
- Renal Cell Ca
- Hepatocellular Ca

Ref: Harrison's 18/e p899, 17/e p673 table 103-2

309. A 45 years old male with skin pigmentation, Hypogonadism, DM; diagnosis is: (WB PG 08)

- Wilson's disease
- Hemochromatosis
- Addison disease
- Porphyria cutanea tarda

Ref: Harrison's 18/e p3163-3164, 17/e p2431

310. Severe itching after hot bath occurs commonly with:

- Myeloid leukemia (MP PG 2008)
- Lymphatic leukemia
- Multiple myeloma
- Polycythemia vera

Ref: Harrison's 18/e p899, 17/e p309

311. The characteristic morphologic appearance of red blood cells in disseminated intravascular coagulopathy is:

- Spherocyte (MP PG 2008)
- Microcyte
- Schistocyte
- Macrocyte

Ref: Harrison's 18/e p978, 17/e p729

312. Following are features of Acute Adult T- cell leukemia/ Lymphoma except: (MP PG 2009)

- Venous thrombosis
- Aplastic anaemia
- Arterial thrombosis
- Haemolytic anaemia

Ref: Harrison's 18/e p932, 17/e p697; Casciato's 5/e p716

J. MISCELLANEOUS

304. Leukemia associated syndrome: (AP 2011)

- Option A
- Down syndrome
- Option C
- Option d

Ref: Harrison's 18/e p905

Ans. 297. c. Epstein Bar virus	298. d. Metabolic Acidosis	299. a. Hypokalemia	300. b. Direct Coomb's...
301. e. All of the above	302. b. Factor IX	303. d. All of the above	304. b. Down syndrome
305. b. Sickle cell anemia	306. b. 500/mL	307. d. Platelet function defect	308. d. Hepatocellular
309. b. Heamocromatosis	310. d. Polycythemia vera	311. c. Schistocyte	312. d. Haemolytic...

313. Following are characteristics of paroxysmal nocturnal hemoglobinuria except: (MP PG 2009)

- a. Venous thrombosis
- b. Aplastic anaemia
- c. Arterial thrombosis
- d. Haemolytic anemia

Ref: Harrison's 18/e p883, 17/e p660

314. Most radiosensitive tissue of body is: (UP 2011)

- a. Neuron
- b. Hepatocytes
- c. Lymphocytes
- d. Endothelial cells

Ref: Harrison's 18/e p692, 691

315. Philadelphia (PH) chromosome: (UP 2011)

- a. Deletion
- b. Break DNA
- c. Balanced translocation
- d. Balanced transcription

Ref: Harrison's 18/e p666, 915

316. Acute hydrops is seen in: (Rajasthan 2009)

- a. Sick cell anemia
- b. ABO incompatibility
- c. DM
- d. Hypertension

Ref: Internet

317. In DIC which is false: (Rajasthan 2009)

- a. PT is prolonged
- b. APPT is normal
- c. Fibrinogen is decreased
- d. Thrombocytopenia

Ref: Harrison's 18/e p463, 979

318. Cell of origin of hairy cell leukemia is: (Comed K 2011)

- a. B cell
- b. T cell
- c. NK cell
- d. Dendritic reticulum cell

Ref: Davidson's 21/e p1

319. Kaposi's sarcoma is seen in: (J & K 2011)

- a. Patients suffering from HIV
- b. Patients suffering from Miliary TB
- c. Patients suffering from Pterygium
- d. Patients suffering from Syphilis

Ref: Harrison's 18/e p417

320. The key factor in the transport of carbon dioxide as bicarbonate is: (DP PGME 2010)

- a. The high solubility of CO₂ in H₂O
- b. The presence of Hb in blood
- c. The presence of carbonic anhydrase in the erythrocytes
- d. The acidic nature of carbon dioxide and the alkaline nature of bicarbonate

Ref: Ganong 22/e p669-670

321. Which statement below is not correct about Monoclonal Gammopathy of undetermined significance (MGUS)?

- a. M-Protein in the serum is less than 30gm/I
- b. Bone marrow plasma cells more than 10%
- c. No evidence of other B-cell Proliferative disorders
- d. No bone lesion

Ref: Harrison's 18/e p3474, 3478

322. All of the following are WHO classified Myelodysplastic Syndromes except: (AP 2010)

- a. CML
- b. Refractory anemia with excess blasts
- c. Refractory anemia with ringed sideroblasts
- d. Refractory anemia

Ref: Harrison's 18/e p895

323. Dengue shock syndrome occurs due to: (DP PGME 2009)

- a. Super-imposed bacterial infection
- b. Capillary leak
- c. Addison's crisis
- d. Myocarditis

Ref: Harrison's 18/e p1028, 17/e p1239

324. Warm-antibody immunohemolytic anaemia is seen in all except: (DP PGME 2010)

- a. SLE
- b. a-Methyladopa ingestion
- c. Quinidine
- d. Infectious mononucleosis

Ref: Harrison's 18/e p881, 17/e p660

325. Which one of the following is an Autosomal Dominant disorder: (AI 2002)

- a. Cystic fibrosis
- b. Hereditary spherocytosis
- c. Sick cell anemia
- d. G-6PD deficiency

Ref: Harrison's 18/e p875

326. PNH is associated with all of the following conditions, except: (AI 2002)

- a. Aplastic anemia
- b. ↑ed LAP scores
- c. Venous thrombosis
- d. Iron deficiency anemia

Ref: Harrison's 18/e p883 17/e p660, 661

327. All of the following can be associated with PNH except: (AI 2009)

- a. Cerebral thrombosis
- b. Budd chiari syndrome
- c. Pancytopenia
- d. Massive splenomegaly

Ref: Harrison's 18/e p884

328. A stem cell disorder affecting all the three cell lines platelets, RBCs and leucocytes is: (AIIMS May 01)

- a. Hemolytic anaemia
- b. Paroxysmal cold haemoglobinuria
- c. Paroxysmal nocturnal haemoglobinuria
- d. Blackfan Diamond syndrome

Ref: Harrison's 18/e p884, 17/e p660, 661

Ans. 313. c. Arterial thrombosis	314. d. Endothelial cells	315. c. Balanced...	316. b. ABO incompatibility
317. b. APPT is normal	318. a. B cell	319. a. Patients suffering...	320. c. The presence of...
321. b. Bone marrow...	322. a. CML	323. b. Capillary leak	324. d. Infectious...
325. b. Hereditary...	326. b. ↑ed LAP scores	327. d. Massive...	328. c. Paroxysmal...

329. All of the following are true about PNH, except:
a. Hypocellular marrow (PGI Dec 2000)
b. Budd-chirai syndrome
c. Thrombosis
d. LAP score low *Ref: Harrison's 18/e p884*
330. Which of the following is NOT seen in Paroxysmal Nocturnal Hemoglobinuria:
a. Thrombosis (AIIMS Nov 2000)
b. Hemosiderinuria
c. Decreased LDH
d. Thrombocytopenia *Ref: Harrison's 18/e p884, 17/e p660, 661*
331. PNH is associated with a deficiency of:
a. DAF (AI 2010)
b. MIRL
c. GPI Anchored protein
d. All of the above *Ref: Harrison's 18/e p884, 17/e p660, 661*
332. PNH is associated with deficiency of:
a. DAF (Decay accelerating factor) (AI 2010)
b. MIRL (Membrane inhibitor of reactive lysis)
c. GPI Anchored Proteins (Glycosyl phosphatidyl Inositol anchored proteins)
d. LFA (Lymphocyte function associated antigen) *Ref: Harrison's 18/e p884, 17/e p660, 661*
333. HAM test is based upon:
a. GPI Anchor Proteins (AIIMS Nov 06)
b. Complement
c. Spectrin protein
d. Mannose binding proteins *Ref: Harrison's 18/e p884, 17/e p661*
334. Pancytopenia with cellular marrow is seen in:
a. PNH (AI 2007)
b. G6PD deficiency
c. Acquired aplastic anemia
d. Thalassemia *Ref: Harrison's 18/e p887*
335. Pancytopenia with hypercellular marrow may be seen due to all of the following except:
a. Myelodysplasia (DNB 2011)
b. Paroxysmal Nocturnal Hemoglobinuria
c. Dyskeratosis congenita
d. Sarcoidosis *Ref: Harrison's 18/e p887*
336. Pancytopenia with hypercellular bone marrow is seen in:
a. PNH (AI 2007)
b. Megaloblastic anemia
c. Acquired aplastic anemia
d. Thalassemia *Ref: Harrison's 18/e p887, Table 107-1, 17/e p661*
337. Pancytopenia with Cellular marrow is seen in all except:
a. Megaloblastic Anemia (AIIMS Nov 2006, AI 2008)
b. Myelodysplasia
c. PNH
d. G6PD Deficiency *Ref: Harrison's 18/e p887, 17/e p663 Table 94-1*
338. Pancytopenia with hypo cellular marrow is seen in all except:
a. PNH (AIIMS Nov 07)
b. Megaloblastic anemia
c. Myelodysplastic syndrome
d. Dyskeratosis congenita *Ref: Harrison's 18/e p887, 17/e p663*
339. Leukoerythroblastic picture may be seen in all of the following, except:
a. Myelofibrosis (AI 2003)
b. Metastatic carcinoma
c. Gaucher's disease
d. Thalassemia *Ref: Harrison's 18/e p896, Internet 17/e p669, 670, 674, 675*
340. A 45 year old female patient presents with symptoms of easy bruisability and frequent headaches. Physical examination show a moderate splenomegaly. Blood counts shows a normal leucocyte count and a platelet count of $1000 \times 10^3/\text{cu mm}$. The leucocyte alkaline phosphatase score is normal. Which one of the following is the drug of choice for the treatment of this patient?
a. Hydroxyurea (AIIMS Nov 03)
b. Radioactive phosphorus
c. Anagrelide
d. Interferon alpha *Ref: Harrison's 18/e p904, 17/e p676, 677*
341. A patient presents with a platelet count of $700 \times 10^9/\text{L}$ with abnormalities in size, shape and granularity of platelets. WBC count is $12 \times 10^9/\text{L}$, hemoglobin is 11g/dl and Philadelphia chromosome is absent. The most likely diagnosis would be:
a. Polycythemia vera (AIIMS May. 2006)
b. Essential thrombocythemia
c. Chronic myeloid leukemia
d. Leukemoid reaction *Ref: Harrison's 18/e p903*
342. Low Erythropoetin levels are seen in:
a. Aplastic Anemia (DNB 2012)
b. Renal failure
c. Obesity
d. Hepatoma *Ref: Harrison's 18/e p850*
343. All of the following are Preleukemic conditions, except:
a. Paroxysmal Nocturnal Haemoglobinuria (PNH)
b. Paroxysmal Cold Haemoglobinuria (PCH) (AIIMS 2011)
c. Myelodysplasia
d. Aplastic anemia *Ref: Harrison's 18/e p882, 885*
344. Splenomegaly is least likely to be associated with:
a. Chronic Myeloid Leukemia (CML) (AIIMS Nov 2010)
b. Polycythemia Rubra Vera
c. Myelofibrosis
d. Primary Thrombocytosis *Ref: Harrison's 18/e p470, 17/e p374, 676*

Ans. 329. a. Hypocellular...	330. c. Decreased LDH	331. d. All of the above	332. c. GPI Anchored...
333. b. Complement	334. a. PNH	335. c. Dyskeratosis...	336. a and b.
337. d. G6PD Deficiency	338. d. Dyskeratosis congenita	339. d. Thalassemia	340. c and d.
341. b. Essential...	342. b. Renal failure	343. b. Paroxysmal Cold...	344. d. Primary...

345. Which of the following drugs is recommended for the treatment of Heparin Induced thrombocytopenia: (AI 2010)

- a. Abciximab
- b. Lepirudin
- c. Warfarin
- d. Alteplase

Ref: Harrison's 18/e p968

346. A 22-year old man presents with history of bleeding from gums for the last 6 months. On investigation the Hb was found to be 8.2 gm% TLC 4400/mm, DLC N 64%, L 27%, E 3%, M 6% and platelet count of 20,000/cumm. Which one of the following investigation would be most useful in establishing the diagnosis: (DP PGME 2010)

- a. Bleeding time
- b. Prothrombin time
- c. Partial thromboplastin time
- d. Bone marrow examination

Ref: Harrison's 18/e p896, 17/e p666

347. Clot solubility in 5 M-Urea is a test for: (DP PGME 2010)

- a. Factor 13
- b. Factor 12
- c. Platelet function
- d. Plasmin inhibitor

Ref: Harrison's 18/e p458, 17/e p369

348. Screening tests for B cell defects: (DP PGME 2009)

- a. Isohemagglutinin titers
- b. CD 4 levels
- c. Nitroblue tetrazolium dye test
- d. Candida albicans intradermal skin test

Ref: Harrison's 18/e p2703, 17/e p2035

349. Marker for NK cell activity is: (DP PGME 2009)

- a. CD3
- b. CD4
- c. CD56
- d. CD19

Ref: Harrison's 18/e p2658, 17/e p2024, 2058-2029

Ans. 345. b. Lepirudin

346. d. Bone marrow...

347. a. Factor 13

348. a. Isohemagglutinin...

349. c. CD56

2. CARDIOVASCULAR SYSTEM

- A. Arterial Pulses and JVP
- B. Heart Sound and Murmurs
- C. Diseases of Heart Rate, Rhythm and Conduction
- D. Diseases of the Heart Valves
- E. Rheumatic Fever, Endocarditis
- F. Congenital Heart Diseases
- G. Congestive Heart Failure
- H. Atherosclerosis, Ischemic Heart Disease
 - I. Myocardial Infarction
- J. Hypertension
- K. Cardiomyopathy
- L. Miscellaneous

CARDIOVASCULAR SYSTEM (QUESTIONS)

A. ARTERIAL PULSES AND JVP

1. **Dicrotic pulse differ from pulse bisferiens in which of the following?** (MHPGM-CET 2007, 2010)

a. Characterized by two palpable peaks, both in systole
b. Characterized by two palpable peaks, one in systole and other in diastole
c. Seen in HOCM
d. Indicates high stroke output

Ref: Harrison's 18/e p1823, 17/e p1383

2. **Slow Y descent seen in JVP:** (Rajasthan 2009)

a. TR
b. TS
c. AS
d. MR

3. **Which one of the following is the correct statement regarding findings in JVP?** (AP 2010)

a. Cannon wave: complete heart block
b. Slow 'y' descent: Tricuspid regurgitation
c. Giant 'c' wave: Tricuspid stenosis
d. Increased JVP with prominent pulsations: SVC obstruction

Ref: Harrison's 18/e p1823, 17/e p1384

4. **All of the following are causes of giant 'a' wave in JVP except:** (Comed K 2011)

a. Tricuspid stenosis
b. Pulmonary stenosis
c. Pulmonary hypertension
d. Aortic stenosis

Ref: Harrison's 18/e p1822-1823, 17/e p1384

5. **C.V.P (Central Venous Pressure) and pulmonary wedge pressure give an accurate assessment of all the following except:** (DP PGME 2010)

a. Tissue perfusion
b. Volume depletion
c. Volume overload
d. Myocardial function

Ref: Bailey 24/e p69

6. **Bisferiens pulse is seen in all except:** (PGI Dec 05)

a. AS + AR
b. AR
c. Hypertrophic cardiomyopathy
d. TOF

Ref: Harrison's 18/e p1824, 17/e p1383

7. **Pulsus paradoxus is present in all except:** (PGI Dec 05)

a. Emphysema
b. Pulmonary embolism
c. Hypovolemic shock
d. Hypertrophic cardiomyopathy

Ref: Harrison's 18/e p1824, 17/e p1383

8. **Pulsus paradoxus is seen in (select three correct options):**

a. Cardiac tamponade (PGI June 06)
b. Constrictive pericarditis
c. HOCM
d. AR
e. Severe asthma

Ref: Harrison's 18/e p1824, 17/e p1384

9. **Water hammer pulse is seen in:** (AIIMS May 07)

a. Aortic stenosis
b. Aortic regurgitation
c. Aortic stenosis and Aortic regurgitation
d. Mitral regurgitation

Ref: Harrison's 18/e p1943, 1944, 17/e p1476

10. **All of the following phases of the jugular venous pulse and their causes are correctly matched, except:** (AI 2002)

a. 'c' wave - onset of atrial systole
b. 'a-x' descent - atrial relaxation
c. 'v-y' - emptying of blood from right atrium into right ventricle
d. 'y-a' ascent - filling of the right atrium from the vena cava

Ref: Harrison's 18/e p1823, 17/e p1384

11. **Which of the following is the correct statement regarding findings in JVP:** (AI 2002)

a. Cannon wave: Complete heart block
b. Slow v descent: Tricuspid regurgitation
c. Giant c wave: Tricuspid stenosis
d. Increased JVP with prominent pulsations: SVC Obstruction

Ref: Harrison's 18/e p1823, 17/e p1384

12. **'C' wave in JVP is due to:** (AIIMS Nov 07)

a. Atrial contraction
b. Tricuspid valve bulging into right atrium
c. Right atrial filling
d. Rapid ventricular filling

Ref: Harrison's 18/e p1823, 17/e p1384

13. **C wave in JVP indicates:** (AI 2009)

a. Atrial contraction
b. Bulging of tricuspid valve
c. Ventricle systole
d. Rapid ventricular filling

Ref: Harrison's 18/e p1823, 17/e p1384

14. **Typical JVP finding in cardiac tamponade:** (PGI June 2000)

a. Absent 'Y' descent
b. Prominent 'a' wave
c. Absent 'a' wave
d. Prominent 'Y' wave

Ref: Harrison's 18/e p1972, 17/e p1490

Ans.	1. b. Characterized...	2. b. TS	3. a. Cannon wave...	4. d. Aortic stenosis
	5. a. Tissue perfusion	6. d. TOF	7. d. Hypertrophic	8. a, b and e
	9. b. Aortic regurgitation	10. a. 'c' wave - onset...	11. a. Cannon wave...	12. b. Tricuspid valve...
	13. b. Bulging of...	14. a. Absent 'Y' descent		

B. HEART SOUND AND MURMURS

15. Third heart sound occurs in all except: (WB PG 08)

- Atheletes
- Mitral Stenosis
- Constrictive Pericarditis
- Left ventricular failure

Ref: Field guide, smith 2/e p50; Harrison's 18/e p1827, 17/e p1386; Harrison 16/e p1308; Hurst 10/e p225

16. Normal left atrial pressure is: (J and K 2011)

- 15 – 30 mm Hg
- 4 – 12 mm Hg
- > 30 mm Hg

Ref: Internet

17. Fixed splitting of second heart sound is seen in:

- Ventricular septal defect (J and K 2010)
- Atrial septal defect
- Ebstein's anomaly
- Tetralogy of Fallot

Ref: Harrison's 18/e p1921, 1922

18. All of the above Loud S1 is caused by (select two correct options): (PGI Dec 04)

- Calcified mitral valve.
- MVP
- Short PR interval
- Tachycardia
- Dilatation or widening of mitral valve after Valvotomy

Ref: Harrison's 18/e p1826, 17/e p1385

19. Reverse splitting of first heart sound is heard in (select two correct options): (PGI June 04)

- RBBB
- LBBB
- Tricuspid stenosis
- AR
- Atrial myxoma

Ref: Harrison's 18/e p1826, 17/e p1385

20. Wide-split second heart sound is seen in (select two options): (PGI Dec 02)

- ASD
- LBBB
- PDA
- MR
- PS

Ref: Harrison's 18/e p1826

21. Wide-splitting of S2 is seen in (select three correct options): (PGI Dec 06)

- ASD
- MR
- PDA
- PS
- LBBB

Ref: Harrison's 18/e p1826

22. Reverse splitting of S2 is seen in all except (select two options): (PGI Dec 05)

- LBBB
- WPW type A
- LV pacing
- Systemic hypertension
- Post-stenotic dilatation in AS

Ref: Harrison's 18/e p1826

23. Single second heart sound is seen in (select three options):

- TOF (PGI Dec 04)
- Pulmonary arterial hypertension
- Pulmonary atresia
- Corrected TGA
- Severe pulmonary stenosis Ref: Harrison's 18/e p, 17/e p

24. Loud pulmonary component of second heart sound heard in (select two options): (PGI June 04)

- Pulmonary hypertension
- TOF
- Eisenmenger's syndrome
- Pulmonary stenosis
- AS

Ref: Harrison's 18/e p2076, 1923

25. All of the following statements about third Heart sound (S3) are true, except: (AI 2010)

- Occurs due to rapid filling of the ventricles during atrial systole
- Seen in in constrictive pericarditis
- Seen in Atrial Septal Defect (ASD)
- Seen in Ventricular Septal Defect (VSD)

Ref: Harrison's 18/e p1827, 17/e p1386

26. Which of the following is true about fourth heart sound 'S4'

- Can be heard by the unaided ear (AI 07)
- Frequency is greater than 20 Hz
- Heard during ventricular filling phase
- Heard during ventricular ejection phase

Ref: Harrison's 18/e p1826, Guyton 11/e p270

27. All of the following heart sounds occur shortly after S2 except: (AI 2003)

- Opening snap
- Pericardial knock
- Ejection click
- Tumor plop

Ref: Harrison's 18/e p1826-27, 17/e p1385

28. Following is true regarding opening snap: (AIIMS Nov 02)

- It is a high-pitched diastolic sound.
- It is due to opening of stenosed aortic valve.
- It indicates pulmonary arterial hypertension.
- It precedes the aortic component of second heart sound.

Ref: Harrison's 18/e p1930, 17/e p1466

29. All of the following sounds are diastolic sounds, except:

- S3 (PGI Dec 06)
- S4
- Opening snap
- Ejection click Ref: Harrison's 18/e p1827, 17/e p1385

30. Systolic thrill in left 2nd and 3rd intercostals space may be seen in all of the following, except: (AI 2009)

- Subpulmonic VSD
- Pulmonic stenosis
- Ebstein's anomaly
- Pink TOF

Ans.	15. b. Mitral Stenosis	16. b. 4-12 mmHg	17. b. Atrial septal...	18. c. Short PR interval
	19. b. LBBB	20. a. ASD and e. PS	21. a, b and d	22. b and c
	23. a, c and e	24. a and c	25. a. Occurs due...	26. c. Heard during...
	27. c. Ejection click	28. a. It is a high...	29. d. Ejection click	30. d. Pink TOF

31. An early systolic murmur may be caused by all of the following except: (AI 2003)

- a. Small ventricular septal defect
- b. Papillary muscle dysfunction
- c. Tricuspid regurgitation
- d. Aortic stenosis Ref: Harrison's 18/e p1827-28, 17/e p1387

32. All of the following murmurs may be heard in patients with aortic regurgitation except: (AIIMS Nov 02)

- a. High-pitched decrescendo diastolic murmur.
- b. Soft, low pitched mid distolic rumbling murmur.
- c. Mid-systolic ejection flow murmur
- d. Pansystolic murmur.

Ref: Harrison's 18/e p1944, 17/e p1476

33. Mid-diastolic Murmur with presystolic accentuation is typically seen in: (DNB)

- a. Mitral stenosis
- b. Mitral Regurgitation
- c. Aortic stenosis
- d. MVP

Ref: Harrison's 18/e p1930, 17/e p1467

34. Which of the following murmurs increase with Valsalva maneuver? (AIIMS Nov 2010, May 2009)

- a. MR
- b. VSD
- c. AS
- d. HOCM

Ref: Harrison's 18/e p, 17/e p

35. A young patient presents with a systolic murmur at the apex. The murmur increases on both handgrip and Valsalva maneuver. Which of the following conditions is most likely? (AI 04)

- a. HOCM
- b. AS
- c. MVP
- d. VSD

Ref: Harrison's 18/e p1830, 17/e p1387

36. What is false in relation to Carey Coombs Murmur? (AIIMS Nov 06)

- a. Delayed Diastolic Murmur
- b. Seen in Rheumatic Fever
- c. Associated with AR
- d. Low Pitched Murmur

Ref: Internet

37. A continuous murmur is heard in all of the following conditions except: (AIIMS May 05)

- a. Ventricular septal defect with aortic regurgitation
- b. Patent ductus arteriosus
- c. Coronary arteriovenous fistula
- d. Venous hum

Ref: Harrison's 18/e p1829, 17/e p1388

38. Continuous murmur is present in (select two options): (PGI June 06)

- a. PDA
- b. AS with AR
- c. Shunt between pulmonary and subclavian artery
- d. VSD with AR

Ref: Harrison's 18/e p1829, 17/e p1388

39. Continuous murmur is found in (select three options):

- a. AS combined with AR (PGI Dec 04)
- b. Systemic A V fistula
- c. PDA with reversal f shunt
- d. Aortopulmonary window
- e. Rupture of sinus valsalva

Ref: Harrison's 18/e p1829, 17/e p1388

C. DISEASES OF HEART RATE, RHYTHM AND CONDUCTION

40. ST depression and T wave inversion in V1 to V6 and aVL leads indicate: (Feb DP PGME 2009)

- a. Anterolateral wall AMI
- b. Posterior wall AMI
- c. Inferior AMI
- d. Lateral wall AMI

Ref: Harrison's 18/edn. Pg. 1836-37

41. Features in favour of ventricular tachycardia are all the following except: (Karnataka 2011)

- a. AV dissociation
- b. Capture/fusion beats
- c. Good response to carotid sinus massage
- d. A history of myocardial infarction

Ref: Davidson's, 21/e p567, box 18.34

42. Prominent Y descent is caused by following except:

- a. Constrictive Pericarditis (Maharashtra 2011)
- b. Restrictive Cardiomyopathy
- c. Cardiac tamponade
- d. Right ventricular infarction

Ref: Harrison's 18/e p1823

43. ECG finding suggestive of Left ventricular hypertrophy? (Maharashtra 2011)

- a. RaVL + SV3 > 28 mm
- b. SV1 + (RV5 or RV6) > 35 mm
- c. Evidence of Left atrial hypertrophy
- d. All of the above

Ref: Harrison's 18/e p1834, 1835, 17/e p1391, 1392

44. ECG feature of acute cor pulmonale (e.g Pulmonary embolism): (MHPGM-CET 2010)

- a. S1Q3T3 pattern
- b. Slow "r" wave progression in leads V1 to V4
- c. Atrial fibrillation
- d. All of the above three

Ref: Harrison's 18/e p1834, 17/e p1391

45. All of the following are features of early atropinisation except: (Kerala PG 10)

- a. Blurring of vision
- b. Absence of sweat
- c. Drying of mouth
- d. Bradycardia

Ref: Goodman and Gillman, Chap-7

Ans.	31. d. Aortic stenosis	32. d. Pansystolic murmur	33. a. Mitral stenosis	34. a. and d
	35. c. MVP	36. c. Associated with AR	37. a. Ventricular septal	38. c. Shunt between
	39. b. Systemic...	40. a. Anterolateral wall AMI	41. c. Good response...	42. c. Cardiac tamponade
	43. d. All of the above	44. d. All of the above three	45. d. Bradycardia	

46. All of the following are seen in Cardiac tamponade except:
 a. Electrical alternans (Kerala PG 09)
 b. Pulsus paradoxus
 c. Increased JVP
 d. Bradycardia

Ref: Harrison's 18/e p1975, 17/e p1490

47. Increased QT interval seen in: (UP 2011)
 a. Hypercalcemia
 b. Digitalis toxicity
 c. Romano ward syndrome
 d. Hyperthermia Ref: Internet

48. Which is going to best declare the case as that of interatrial septal defect with other cardiac abnormalities?
 a. Elevated pressure in left atrium (Rajasthan 2009)
 b. Elevated pressure in right atrium
 c. Elevated PO₂ in pulmonary artery
 d. Systolic murmur

49. Osborn wave is seen in:

- a. Hypokalemia
 b. Hypomagnesaemia
 c. Hypothermia
 d. CVA

Ref: Harrison's 18/e p1818, 1831

50. QRS complex is seen in Ist, avL denote: (Rajasthan 2009)
 a. Old Anterior MI
 b. Hyperacute Anteroseptal MI
 c. Hyperacute Anterior MI-
 d. Old anteroseptal MI Ref: Harrison's 18/e p1834

51. Osborn wave is seen in: (Rajasthan 2008)
 a. Hypokalemia
 b. Hypomagnesaemia
 c. Hypothermia
 d. CVA Ref: Harrison's 18/e p1831, 1834, 1818

52. Cardiac tamponade is characterized by the following, except: (AP 2012)
 a. Pulsus paradoxus
 b. Electrical alternans
 c. Kussmaul's sign
 d. RV diastolic collapse by echo

Ref: Harrison's 18/e p1972-1973

53. Which of the following treatments is appropriate for tall peaked T waves on ECG? (DP PGME 2009)
 a. Atropine IV
 b. Nitroprusside IV
 c. Inhaled salbutamol
 d. Inhaled betamethasone

Ref: Harrison's 18/e p1860, 17/e p283-284

54. ECG feature of Hyperkalaemia is: (J and K 2011)
 a. Flattened T wave
 b. ST depression
 c. Peaked T waves
 d. U waves

Ref: Harrison's 18/e p1864

55. Common causes of atrial fibrillation is/are: (J and K 2011)
 a. Coronary artery disease
 b. Alcohol
 c. Hypertension
 d. All of the above

Ref: Harrison's 18/e p1881

56. Tall and peaked T waves in ECG are characteristic of: (J and K 2010)
 a. Hypokalemia
 b. Hyperkalemia
 c. Hyponatremia
 d. Hypocalcemia

Ref: Harrison's 18/e p1864

57. Torsade de pointe's arrhythmia is associated with: (J and K 2010)
 a. Short QT
 b. Long QT
 c. Left axis deviation
 d. Short PR

Ref: Harrison's 18/e p175, 1891

58. A QRS duration between 100 and 120 milliseconds suggests all of the following, except: (DNB)
 a. Normal
 b. Left anterior Fascicular Block
 c. Left posterior Fascicular Block
 d. Left Bundle Branch Block

Ref: Harrison's 18/e p1835

59. Wide QRS complex ≥ 0.12 seconds may be seen in all of the following except: (DNB)
 a. Hyperkalemia
 b. Wolf Parkinson White Syndrome
 c. Ventricular Tachycardia
 d. Left Anterior Fascicular Block

Ref: Harrison's 18/e p1835

60. The ECG of a 40 year old male was recorded using standard bipolar limb leads. The sum of voltage of the three standard leads was found to be 5 millivolts. This indicates: (AIIMS May 05)
 a. A normal heart
 b. Right ventricular hypertrophy
 c. Left ventricular hypertrophy
 d. Increased cardiac muscle mass

Ref: Guyton 10/e p127

61. Low QRS voltage on ECG indicates: (DNB 2009)
 a. Pulmonary embolism
 b. Pericardial effusion
 c. Cor pulmonale
 d. Infective endocarditis Ref: Internet

62. ST elevation is seen in all of the following conditions except: (AIIMS 2002)
 a. Myocardial infarction
 b. Coronary artery spasm
 c. Constrictive pericarditis
 d. Ventricular aneurysm

Ref: Harrison's 18/e p1394, 1395

Ans.	46. d. Bradycardia	47. c. Romano ward syndrome	48. b. Elevated...	49. c. Hypothermia
	50. d. Old anteroseptal MI	51. c. Hypothermia	52. c. Kussmaul's sign	53. c. Inhaled salbutamol
	54. c. Peaked T waves	55. d. All of the above	56. b. Hyperkalemia	57. b. Long QT
	58. d. Left Bundle...	59. d. Left Anterior...	60. d. Increased	61. b. Pericardial
	62. c. Constrictive			

63. All of the following may cause ST segment elevation on EKG, except: (AI 2005)

- Early repolarization variant.
- Constrictive pericarditis.
- Ventricular aneurysm.
- Prinzmetal angina.

Ref: Harrison's 18/e p1837, 17/e p1395

64. QT prolongation is seen in all, except: (AIIMS June 2000)

- Hypothermia
- Digitalis toxicity
- Hypocalcemia
- Romanowand syndrome

Ref: Harrison's 18/e p1836, 17/e p1395

65. Hypocalcemia is characterized by all of the following features except: (AI 03)

- Numbness and tingling of circumoral region
- Hyperactivity tendon reflexes
- Shortening of Q-T interval in ECG
- Carpopedal spasm

Ref: Harrison's 18/e p1838, 1395

66. The following ECG findings are seen in Hypokalemia:

- Increased PR interval with ST depression (AI 2007)
- Increased PR interval with peaked T wave
- Prolonged QT interval with T wave inversion
- Decreased QT interval with ST depression

Ref: Harrison's 18/e p1838, 17/e p1395

67. All of the following are the electrocardiographic features of Hyperkalemia, except: (AIIMS May 04)

- Prolonged PR interval
- Prolonged QT interval
- Sine wave patterns
- Loss of P waves

Ref: Harrison's 18/e p1838

68. Which of the following conditions does NOT cause right axis deviation in ECG? (Comed K 2010)

- Lying down posture
- End of deep inspiration
- Right ventricular hypertrophy
- Right bundle branch block

Ref: Harrison's 18/e p1834, 17/e p1391; Dent Essentials, High yield NBDE Part 1 review, Kaplan Medical, 2007 edn.

69. Which of the following ECG changes is least likely in: a patient with left pneumothorax: (AIIMS Nov 2000)

- Inversion of T wave
- Left axis deviation
- Small R wave
- Electrical alternans

Ref: Harrison's 18/e p1838, 17/e p1395

70. Atrial fibrillation may occur in all the following conditions, except: (AIIMS May 03)

- Mitral stenosis
- Hypothyroidism
- Dilated cardiomyopathy

d. Mitral regurgitation

Ref: Harrison's 18/e p1881, 17/e p1428

71. A chronic alcoholic develops palpitations suddenly after alcohol binge. Which of the following arrhythmia is most commonly associated with alcohol binge in the alcoholics?

- Ventricular fibrillations (AIIMS Nov 01)
- Ventricular premature contractions
- Atrial flutter
- Atrial fibrillation Ref: Harrison's 18/e p1881, 17/e p1428

72. A person with mitral regurgitation and atrial fibrillation presents with syncope. On examination the person has a heart rate of 55. What is the most probable cause? (AI 2007)

- Digitalis toxicity
- Incomplete heart block
- Stroke
- Subarachnoid Haemorrhage

Ref: Goodman & Gilman 11/e p889

73. In a patient with chronic atrial fibrillation with a regular beat of 60/min, the most probable cause is: (AIIMS May 01)

- Sleep
- Digitalis toxicity
- Sino nodal block
- Hypothyroidism Ref: Goodman & Gilman 11/e p889

74. Drug of choice for Paroxysmal Supraventricular Tachycardia (PSVT) is: (DNB June 2010)

- Metoprolol
- Amiadarane
- Adenosine
- Lidocaine

Ref: Harrison's 18/e p1883 17/e p1433

75. What is the drug of choice to control supraventricular tachycardia: (AIIMS Nov 05)

- Adenosine
- Propranolol
- Verapamil
- Digoxin

Ref: Harrison's 18/e p1883, 17/e p1433

76. In a patient with wide-complex tachycardia, the presence of all of the following in the ECG indicates ventricular tachycardia except: (AIIMS Nov 03)

- Atrioventricular dissociation
- Fusion beats
- Typical right bundle branch block
- Capture beats

77. Which of the following is the most characteristic EKG finding of ventricular premature beats (select one single best correct option): (PGI June 04)

- Fusion beat
- Narrow QRS complex
- AV Dissociation
- Wide QRS complex
- Capture beat

Ref: Harrison's 18/e p1890, 1435

Ans.	63. b. Constrictive...	64. b. Digitalis toxicity	65. c. Shortening...	66. a. Increased
	67. b. Prolonged...	68. a. Lying down posture	69. b. Left axis deviation	70. b. Hypothyroidism
	71. d. Atrial fibrillation	72. a. Digitalis toxicity	73. b. Digitalis toxicity	74. c. Adenosine
	75. a. Adenosine	76. c. Typical right ...	77. d. Wide QRS complex	

78. All of the following may be seen in ventricular premature beats, except: (PGI June 04)

- Fusion beat
- Narrow QRS complex
- AV Dissociation
- Wide QRS complex
- Capture beat

Ref: Harrison's 18/e p1890,1891 17/e p1435

79. Accelerated Idioventricular Rhythm (AIVR) is the most common arrhythmia associated with: (AI 2010)

- Dilated cardiomyopathy
- Myocardial Reperfusion
- Digitalis Intoxication
- Myocarditis

Ref: Internet

80. Congenital long QT syndrome can lead to:

- Complete heart block (AIIMS May 2003)
- Polymorphic ventricular tachycardia
- Acute myocardial infarction
- Recurrent supraventricular tachycardia

Ref: Harrison's 18/e p1891

81. WPW syndrome is caused by: (DNB 2012)

- Bundle Branch Block
- Right sided accessory pathway
- Ectopic pacemaker in atrium
- Left bundle Branch block

Ref: Harrison's 18/e p1890

82. The most common reentrant tachycardia associated with WPW syndrome is: (PGI 2012)

- Orthodromic AV reentry
- Antidromic AV reentry
- Rapidly conducting AF
- None

Ref: Harrison 18/e p1889

83. All of the following statements about WPW syndrome are true, except: (PGI Dec 05)

- More common in females
- Rt ventricular aberrant is commonly seen
- Incidence ↓ with age
- Heart is structurally normal
- Incidence is 0.3 to 0.7%.

Ref: Harrison 18/e p1890

84. The drug of choice in patients with Wolff-Parkinson-White syndrome with atrial fibrillation is: (AIIMS Nov 03)

- Digitalis
- Procainamide
- Verapamil
- Adenosine

Ref: Harrison 18/e p1890

85. Which of the following may be seen in second degree Heart block (select three options): (PGI Dec 05)

- Change in QRS complex morphology
- Atrial rate more than ventricular rate
- Prolonged conduction time
- One P wave to each QRS complex
- No constant Relationship between P wave and QRS complex

Ref: Harrison's 18/e p, 17/e p1872

86. In the treatment of severe bradycardia, all of the following can be the best modality of treatment except:

- Atropine (AIIMS Nov. 05)
- Pacing
- Isoproterenol
- Diltiazem

Ref: Harrison's 18/e p1867, 1874, 17/e p1416

87. A 30-year-old male presents with severe pain chest, breathlessness, hypotension and ECG shows ST elevation in V3, V4, V5 and V6 leads. He will be best treated with:

- Streptokinase (DP PGME 2009)
- t-PA
- Heparin
- PTCA

Ref: Harrison's 18/e p2021 17/e p1537, Braunwald 7/e p1183

88. Corrected QT (QTC) is: (Karnataka 2010)

- 0.12-2 secs
- >0.5 secs
- 2 to 3 secs
- < 0.46 secs

Ref: Harrison's 18/e p1832, 17/e p1389; Marriott's Practical ECG, 11/e p63; Pediatric Cardiology for Practitioners, Myung K Park, 5/e p440; Nursing Rapid Fire Drug facts, 2004 edn.

D. DISEASES OF THE HEART VALVES

89. All of the following clinical findings are consistent with severe mitral stenosis except: (Karnataka 2010)

- Atrial fibrillation
- Pulsatile liver
- Opening snap late after S2
- Pulmonary vascular congestion

Ref: OP Ghai, 7/e p387; Davidson's, 20/e p619, Box 18.104

90. Rapid high frequency fluttering of anterior mitral valve leaflets during systole on 2D ECHO is characteristically seen with (MHPPGM-CET 2010)

- Mitral regurgitation
- Tricuspid regurgitation
- Pulmonary regurgitation
- Aortic regurgitation

Ref: Harrison's 18/e p1942, 17/e p1477

91. Closed mitral valvotomy is contraindicated in: (UP 2011)

- Associated with tricuspid regurgitation (TR)
- Associated with severe pulmonary arterial hypertension (PAH)
- Calcified valve
- Left atrial thrombus

Ref: Harrison's 18/e p1932, 1933

92. In atrial septal defect the aorta is: (Rajasthan 2009)

- Small
- Normal
- Enlarged
- Aneurysmal

Ref: Harrison's 18/e p1921, 1922

Ans.	78. b. Constrictive...	79. b. Myocardial...	80. b. Polymorphic...	81. b. Right sided...
	82. a. Orthodromic...	83. e. Incidence...	84. c. Verapamil	85. a, b and c
	86. d. Diltiazem	87. d. PTCA	88. d. 0.46 secs	89. b. Pulsatile liver
	90. d. Aortic ...	91. a. Associated...	92. a. Small	

93. Y steep decent is seen in: (Rajasthan 2009)
 a. Constrictive pericarditis
 b. Cardiac tamponade
 c. RVH
 d. TR
94. Pulmonary plethora is seen in all except: (Rajasthan 2009)
 a. TGA
 b. TOF
 c. TAPVC
 d. ASD
Ref: Internet
95. The severity of mitral stenosis is assessed by: (Rajasthan 2009)
 a. Left atrial enlargement
 b. Loudness of S1
 c. Loudness of opening snap
 d. A2-OS gap
Ref: Harrison's 18/e p3606
96. A 25 year old lady presents with arrhythmias, palpitation, substernal chest pain poorly related to exertion and finds mid systolic clicks on auscultation. What is the investigation to be done? (AP 2010)
 a. Arteriography
 b. Echocardiography
 c. Chest X-ray
 d. Electrophysiological tests
97. False about Mitral Valve Prolapse is (AP 2011)
 a. Auscultatory finding required along with echo for diagnosis
 b. Slight prolapse is asymptomatic
 c. Degree of sound is proportional to prolapse
 d. Fibrosis of valve is associated with bad prognosis
Ref: Harrison's 18/e p1937
98. Sudden Cardiac Death (SCD) can occur in the following disease, except: (AP 2012)
 a. Prolonged Q-T syndrome
 b. W-P-W syndrome
 c. Ventricular septal defect
 d. Hypertrophic cardiomyopathy
Ref: Harrison's 18/e p2239, 2241
99. The most common location of ventricular septal defect is: (Comed K 2010)
 a. Perimembranous
 b. Muscular
 c. Doubly — committed subarterial
 d. Inlet septal
Ref: OP Ghai, 7/e p40
100. Most common type of ASD is: (DP PGME 2010)
 a. Ostium primum
 b. Ostium secundum
 c. Sinusvenosus type
 d. Endocardial cushion defect
Ref: Harrison's 18/e p1921, 17/e p1459-1460
101. A 21-year old male presents with exertional dyspnea, raised JVP and loud P2. ECG shows right axis deviation. All of the following conditions are possible except: (DP PGME 2009)
 a. Atrial septal defect
 b. Mitral stenosis
 c. Ostium primum
 d. Pulmonary thromboembolism
Ref: Ghai 8/e p413
102. The following clinical signs are consistent with severe mitral stenosis: (J and K 2010)
 a. Atrial fibrillation
 b. Opening snap later after S2
 c. Right ventricular heave
 d. Loud p2
Ref: Harrison's 18/e p1929, 1930
103. Enlarged Pulsative liver with ascitis is typically seen in: (AIIMS May 2011)
 a. Tricuspid Regurgitation (TR)
 b. Mitral Regurgitation (MR)
 c. Mitral stenosis
 d. Pulmonary stenosis (PS)
Ref: Harrison's 18/e p1823-1824
104. All of the following may be seen as severity of mitral stenosis increases except: (DNB Dec 2011)
 a. Pulsatile liver
 b. Atrial fibrillation
 c. Opening snap delayed from S2
 d. Length of murmur is prolonged
Ref: Harrison's 17/e p1467, 1929
105. Severity of mitral stenosis is assessed by: (AIIMS May 03)
 a. Loud opening snap
 b. Length of murmur
 c. Loud S1
 d. Splitting S2
Ref: Harrison's 18/e p1930
106. Severity of mitral stenosis is assessed by (select two options): (PGI June 02)
 a. Loud S1
 b. S2-OS gap
 c. Prolonged diastolic murmur
 d. S3
 e. S4
Ref: Harrison's 18/e p1930
107. The severity of mitral regurgitation is decided by all of the following clinical findings except: (AIIMS May 03)
 a. Presence of mid-diastolic murmur across mitral valve.
 b. Wide split second heart sound.
 c. Presence of left ventricular S3 gallop.
 d. Intensity of systolic murmur across mitral valve
Ref: Harrison's 18/e p1935, 17/e p1470
108. A 59 year old man with severe myxomatous mitral regurgitation is asymptomatic, with a left ventricular ejection fraction of 45% and an endsystolic diameter index of 2.9 cm/m². The most appropriate treatment is: (AI 2005)
 a. Mitral valve repair or replacement
 b. No treatment
 c. ACE inhibitor therapy
 d. Digoxin and diuretic therapy
Ref: Harrison's 18/e p1936, 17/e p1471

Ans. 93. d. TR	94. d. ASD	95. d. A2-OS gap	96. b. Echocardiography
97. a. Auscultatory	98. c. Ventricular	99. a. Perimembranous	100. b. Ostium secundum
101. c. Ostium primum	102. b. Opening snap	103. a. Tricuspid...	104. c. Opening...
105. b. Length of murmur...	106. c. Prolonged diastolic...	107. d. Intensity...	108. a. Mitral valve ...

109. A young asymptomatic female is observed to have a Midsystolic Click on routine examination. Valves are likely to show: (AI 2010)
- Myxomatous degeneration
 - Aschoff bodies
 - Calcific degeneration
 - Ruptured chordae tendinae
 - Transient cerebral ischemia can occur
- Ref: Harrison's 18/e p1937, 17/e p1472
110. All of the following are true for mitral valve prolapse, except: (AI 06)
- Transmission may be as an autosomal dominant trait
 - Majority of the case present with features of mitral regurgitation
 - The valve leaflets characteristically show myxomatous
 - The disease is one of the common cardiovascular manifestations of Marfan's Syndrome
- Ref: Harrison's 18/e p1937
111. A 26 yr old asymptomatic woman is found to have arrhythmias and a systolic murmur associated with midsystolic clicks; which investigation would you use: (AI 2001)
- Electrophysiological testing
 - Tc scan
 - Echocardiography
 - Angiography
- Ref: Harrison's 18/e p1937, 17/e p1472
112. A 63 year old man present with a triad of angina, syncope and congestive heart failure. Which of the following valvular heart lesion can be suspected: (AIIMS Nov. 05)
- Mitral stenosis
 - Tricuspid regurgitation
 - Aortic stenosis
 - Aortic regurgitation
- Ref: Harrison's 18/e p1939, 17/e p1473 2009/302; OHCM 6th/136
113. Which of the following physical signs is seen in a patient with severe aortic stenosis: (AIIMS 2002)
- Opening snap
 - Diastolic rumble
 - Holosystolic murmur
 - Delayed peak of systolic murmur
- Ref: Harrison's 18/e p1939, 17/e p1474
114. Exercise testing is absolutely contraindicated in which one of the following: (AI 2003)
- One week following myocardial infarction
 - Unstable angina
 - Aortic stenosis
 - Peripheral vascular disease
- Ref: Harrison's 18/e p2004, 17/e p1519
115. A 50-year-old asymptomatic man with established aortic stenosis undergoes Exercise Stress testing according to Bruce Protocol. The stress test was terminated at 11 minutes due to development of fatigue and dyspnea. Regional pressure gradient was observed to be 60 mm Hg between the two sides of the aortic valve. What is the best management.
- Angiogram (AIIMS Nov 2011)
 - Aortic valve replacement
 - Aortic Ballooning
 - Observation
116. All of the following murmurs may be heard in patients with aortic regurgitation except: (AIIMS Nov 02)
- High-pitched decrescendo diastolic murmur.
 - Soft, low pitched mid distolic rumbling murmur.
 - Mid-systolic ejection flow murmur
 - Pansystolic murmur.
- Ref: Harrison's 18/e p1944, 17/e p1476
117. A young basketball player with ht 188 cm and arm span 197 cm has a diastolic murmur best heard in second right intercostal space: likely cause of murmur is: (AI 2001)
- AS
 - Coarctation of aorta
 - AR
 - MR
- Ref: Harrison's 18/e p1943, 17/e p1475
118. Peripheral pulmonic stenosis is associated with (select two options): (PGI June 02)
- Subaortic stenosis
 - Takayasu's arteritis
 - William syndrome
 - Coarctation of syndrome
 - Rubella
119. The most common cause of tricuspid regurgitation is secondary to: (AI 03)
- Rheumatoid heart disease
 - Dilatation of right ventricle
 - Coronary artery disease
 - Endocarditis due to intravenous drug abuse
- Ref: Harrison's 18/e p1948, 17/e p1479
120. Hepatomegaly with liver pulsation indicates: (AI 2009)
- TR
 - MR
 - Pulmonary hypertension
 - MS
- Ref: Harrison's 18/e p1948, 17/e p1479

E. RHEUMATIC FEVER, ENDOCARDITIS

121. All of the following are Jones Major Criteria for Rheumatic fever, except: (AP 2010)
- Erythema nodosum
 - Migrating Polyarthritits
 - Sydenham's chorea
 - Sucutaneous nodules
- Ref: Harrison's 18/e p2752, 275
122. Erythema marginatum is seen in: (DP PGME 2010)
- Drug reactions
 - Typhus fever
 - Enteric fever
 - Rheumatic fever

Ref: Harrison's 18/e p2753-2754

Ans. 109. a. Myxomatous...	110. b. Majority of ...	111. c. Echocardiography...	112. c. Aortic stenosis
113. d. Delayed peak...	114. c. Aortic...	115. b > d	116. d. Pansystolic
117. c. AR	118. c. William syndrome	119. b. Dilatation...	120. a. TR
121. a. Erythema...	122. d. Rheumatic fever.		

- 123. Which of the following is a late manifestation of acute Rheumatic fever?**
 a. Subcutaneous nodule
 b. Carditis
 c. Chorea
 d. Erythema marginatum
Ref: Harrison's 18/e p2752
- 124. Infective endocarditis in drug abusers mostly affects:**
 a. Mitral valve
 b. Aortic valve
 c. Tricuspid valve
 d. Pulmonary valve
Ref: Harrison's 18/e p1053
- 125. Typical features of Acute pericarditis includes:**
 (J and K 2012)
 a. Chest pain identical to that of myocardial infarction
 b. A friction rub that is best heard in the axilla in midexpiration
 c. ST elevation on the ECG with upward concavity
 d. Elevation of the serum creatine kinase
Ref: Harrison's 18/e p1971
- 126. Which is a minor criteria for diagnosis of RF according to modified Jones criteria?**
 (AI 2007)
 a. ASO titre
 b. Past History of Rheumatic Fever
 c. Fever
 d. Subcutaneous nodules
Ref: Harrison's 18/e p2755, 17/e p2095
- 127. Which of the following is not included in Jones's Major Criteria**
 (AIIMS Nov 2010)
 a. Pancarditis
 b. Chorea
 c. Subcutaneous nodule
 d. High ESR
Ref: Harrison's 18/e p2755, 17/e p2095
- 128. Major criteria of Rheumatic fever include (select three options):**
 a. Chorea
 b. Erythema nodosum
 c. Arthritis
 d. Fever
 e. Carditis
Ref: Harrison's 18/e p2755, 17/e p2095
- 129. True about acute rheumatic fever (select three options):**
 (PGI Dec-02)
 a. Chorea
 b. Erythema nodosum
 c. Arthritis
 d. Caused by antecedent α - hemolytic streptococcus infection
 e. Carditis
Ref: Harrison's 18/e p, 17/e p
- 130. A 10-year-old boy, Pappu, died of acute rheumatic fever. All the following can be expected at autopsy except:** (AI 02)
 a. Ashoff nodules
 b. Rupture of chordae tendinae
 c. Mc Callum patch
 d. Fibrinous pericarditis
Ref: Harrison's 18/e p2754
- 131. Aschoff's nodules are seen in:** (AI 05)
 a. Subacute bacterial endocarditis
 b. Libman-sacks endocarditis
 c. Rheumatic carditis
 d. Nonbacterial thrombotic endocarditis
Ref: Harrison's 18/e p2754
- 132. True about Rheumatic fever:** (PGI Dec 03)
 a. Chorea is aggravated during pregnancy
 b. Chorea and arthritis co-existing
 c. Subcutaneous nodules are tender
 d. Erythema multiforme seen
Ref: Harrison's 18/e p2754, 17/e p2094
- 133. True statement about Rheumatic fever in children (select two options):** (PGI Dec- 03)
 a. Polyarthritis
 b. Caused by α hemolytic streptococci
 c. Erythema marginatum is most common manifestation
 d. MC valve involvement is Mitral
 e. Erythema marginatum is common in face
Ref: Harrison's 18/e p2753-54
- 134. True about Erythema Marginatum in Acute Rheumatic fever is:** (PGI Dec 01)
 a. Pruritic
 b. Commonly involves face
 c. Common manifestation of Acute Rheumatic fever
 d. Usually associated with carditis
Ref: Harrison's 18/e p2754, 17/e p2094
- 135. True about subcutaneous nodule in Rheumatic fever (select two options):** (PGI Dec 03)
 a. Non tender
 b. Most common manifestation
 c. Present in extensor surfaces
 d. Associated with arthritis
Ref: Harrison's 18/e p2754, 17/e p2094
- 136. Diagnostic criterion for Infective Endocarditis include all, except:** (DNB June 2011)
 a. Positive Echocardiogram
 b. Positive Blood culture
 c. Raised ESR
 d. Positive Rheumatoid Factor
Ref: Harrison's 18/e p1055
- 137. Infective endocarditis is least likely to occur in:**
 a. Atrial septal defect (AIIMS June 97, 98) (AIIMS May 01)
 b. Small ventricular septal defect
 c. Mitral valve prolapse
 d. Tetralogy of Fallot
Ref: Harrison's 18/e p1923, 17/e p1460
- 138. Which of the following is least likely to be associated with Infective Endocarditis:** (AI 2012)
 a. Small ASD
 b. Small VSD
 c. Mild MR
 d. Mild MS
Ref: Harrison's 18/e p1863, 17/e p1922

Ans. 123. c. Chorea	124. d. Tricuspid valve	125. c. ST elevation ...	126. c. Fever
127. d. High ESR	128. a, c and e	129. a, c and e	130. b. Rupture of ...
131. c. Rheumatic carditis	132. a. Chorea...	133. a and d	134. d. Usually associated ...
135. c. Present in...	136. c. Raised ESR...	137. a. Atrial septal defect	138. a. Small ASDI

139. Mitral valve vegetations do not usually embolise to: (AI 2001) (AIIMS Nov 2001)
 a. Lung
 b. Liver
 c. Spleen
 d. Brain
Ref: Harrison's 18/e p1054
140. A woman has septic abortion done; vegetation on tricuspid valve is likely to go to: (AI 2001)
 a. Septic infarcts to lung
 b. Liver
 c. Spleen infarcts
 d. Emboli to brain
Ref: Harrison's 18/e p1055, 17/e p791
141. Which of the following is least likely to cause infective endocarditis: (AI 06)
 a. Staphylococcus albus
 b. Streptococcus faecalis
 c. Salmonella typhi
 d. Pseudomonas aeruginosa
Ref: Harrison's 18/e p1053
142. Bacterial endocarditis is most commonly caused by: (AI 06)
 a. α -Hemolytic Streptococci
 b. β -Hemolytic Streptococci
 c. Staphylococcus aureus
 d. Cardiobacterium
 e. Staph epidermidis
143. A patient with a prosthetic heart valve develops endocarditis eight months after valve replacement. Most likely organism responsible is: (AIIMS Nov 2010)
 a. Staphylococcus Aureus
 b. Staphylococcus Epidermidis
 c. Streptococcus Viridans
 d. HACEK group
Ref: Harrison's 18/e p1053, 17/e p790
144. Acute Infective Endocarditis with abscess formation is most commonly associated with: (DNB 2012)
 a. Listeria
 b. Staphylococcus
 c. Streptococcus
 d. Enterococcus
Ref: Harrison's 18/e p1053, 17/e p790
145. Which of the following have most friable vegetation: (AI 2010)
 a. Infective endocarditis
 b. Libman Sack's endocarditis
 c. Rheumatic heart disease
 d. SLE
Ref: Harrison's 18/e p1053
146. Vegetations on undersurface of A.V. valves are found in: (AI 2001)
 a. Acute Rheumatic corditis
 b. Limban Sack's endocarditis
 c. Non thrombotic bacterial endocarditis
 d. Chronic rheumatic corditis
Ref: Robbin's 8/e p569
147. Libman Sack's Endocarditis is seen in: (DNB June 2012)
 a. SLE
 b. Rheumatic Fever
 c. Carcinoid
 d. Infective Endocarditis
Ref: Internet
148. Flat vegetations in pockets of valves are due to: (AI 2000)
 a. Rheumatic heart disease
 b. Libman sacks Endocarditis
 c. NBTE
 d. Infective endocarditis
Ref: Internet
149. Firm warty vegetations along the line of closure of valves is due to: (AI 2000)
 a. Rheumatic heart disease
 b. Libman Sacks Endocarditis
 c. NBTE
 d. Infective Endocarditis
Ref: Internet

F. CONGENITAL HEART DISEASES

150. The following is true of tetralogy of fallot except: (Rajasthan 2009)
 a. Squatting
 b. Clubbing
 c. Cyanosis
 d. Increased lung vascularity
Ref: Harrison's 18/e p456, 1926
151. 100% oxygen improves cyanosis in all except: (DP PGME 2010)
 a. Tetralogy of fallot
 b. Bronchial asthma
 c. Eosinophilic pneumonia
 d. Interstitial lung disease
Ref: Harrison's 18/e p456, 17/e p1592
152. Anatomical closure of ductus arteriosus in full term neonates occurs at (J and K 2012)
 a. Birth
 b. 3–4 days
 c. 10–21st days
 d. 30th days
Ref: Ghai 8/e p417
153. The commonest mode of inheritance of congenital heart disease is (AI 2002)
 a. Autosomal dominant
 b. Autosomal recessive
 c. Sex linked dominant
 d. Multifactorial
Ref: Robbins 6th/592; 5th/57
154. The commonest mode of inheritance of congenital heart disease is (AI 2002)
 a. Autosomal dominant
 b. Autosomal recessive
 c. Sex linked dominant
 d. Multifactorial
Ref: Harrison's 18/e p1920, 17/e p1458
155. Congenital heart disease associated with decreased pulmonary blood flow: (PGI Dec 04)
 a. Truncus arteriosus
 b. TAPVC
 c. Ebstein's anomaly
 d. Complete TGA
 e. Single ventricle with pulmonary stenosis
Ref: Internet

Ans. 139. a. Lung	140. a. Septic infarcts...	141. c. Salmonella typhi...	142. c. Staphylococcus aureus
143. c. Streptococcus...	144. b. Staphylococcus...	145. a. Infective...	146. b. Limban sack's...
147. a. SLE...	148. b. Libman ...	149. a. Rheumatic heart	150. d. Increased...
151. a. Tetralogy...	152. b. 3–4 days...	153. d. Multifactorial	154. d. Multifactorial
155. c and e			

156. All of the following are cyanotic heart diseases, except:
a. TOF (PGI June 05)
b. PDA
c. Tricuspid Atresia
d. Eisenmenger's complex *Ref: Harrison's 18/e p1920*
157. The following features are true for tetralogy of Fallot, except:
a. Ventricular septal defect
b. Right ventricular hypertrophy
c. Atrial septal defect
d. Pulmonary stenosis *Ref: Harrison's 18/e p1926*
158. Essential criteria for TOF includes all except:
a. Valvular stenosis (AIIMS Nov 07)
b. Infundibular stenosis
c. Over riding of aorta
d. RVH *Ref: Ghai 6/e p406*
159. Which of the following is a component of Pentalogy of Fallot:
a. Atrial Septal Defect (ASD)
b. Patent Ductus Arteriosus (PDA)
c. Coarctation of Aorta (COA)
d. Left Ventricular Hypertrophy (LVH) *Ref: Harrison's 18/e p1926*
160. All of the following statements about Tetralogy of fallot are true, except:
a. JVP is normal
b. Second Heart sound is single
c. Ejection systolic murmur is third left intercostal space
d. First Heart sound is soft *Ref: Harrison's 18/e p1926-27*
161. All of the following are true regarding Tetralogy of fallot except:
a. Ejection systolic murmur in second intercostal space
b. Single second heart sound
c. Predominantly left to right shunt
d. Normal jugular venous pressure *Ref: Ghai 6/e p406-409*
162. In which of the following a 'Coeur en Sabot' shape of the heart is seen:
a. Tricuspid atresia
b. Ventricular septal defect
c. Transposition of great arteries
d. Tetralogy of Fallot *Ref: Harrison's 18/e p1926*
163. Blalock and Taussig shunt is done between:
a. Aorta to pulmonary artery
b. Aorta to pulmonary vein
c. Subclavian artery to pulmonary vein
d. Subclavian vein to artery *Ref: Harrison's 18/e p1927*
164. Potts shunt is:
a. Rt subclavian artery to rt pulmonary artery
b. Descending aorta to left pulmonary artery
c. Left subclavian to left pulmonary artery
d. Ascending aorta to right pulmonary artery *Ref: Harrison's 18/e p1926-1927*
165. Fallots tetralogy manifestation (select two options):
a. Left axis deviation (PGI June 06)
b. Left ventricular hypertrophy
c. VSD
d. Blalock taussig shunt is between pulmonary artery and subclavian artery
e. Morphine is contraindicated in cyanotic spells *Ref: Harrison's 18/e p1926-1927*
166. A young female presents with history of dyspnoea on exertion. On examination, she has wide, fixed split S2 with ejection systolic murmur (III/VI) in left second intercostal space. Her EKG shows left axis deviation. The most probable diagnosis is: (AIIMS May 04) (AIIMS May 03)
a. Total anomalous pulmonary venous drainage.
b. Tricuspid atresia.
c. Ostium primum atrial septal defect.
d. Ventricular septal defect with pulmonary arterial hypertension. *Ref: Harrison's 18/e p1921, 1922 17/e p1459*
167. All of the following are true about ASD except: (AI 2001)
a. Right atrial hypertrophy
b. Left atrial hypertrophy
c. Right ventricular hypertrophy
d. Pulmonary hypertension *Ref: Harrison's 18/e p1921, 1922 17/e p1459*
168. Presence of a pansystolic murmur of mitral regurgitation with left axis deviation in a patient with ASD suggest:
a. TGA (DNB)
b. Ostium secundum with floppy mitral valve
c. Ostium primum with floppy mitral valve
d. Pulmonary Hypertension *Ref: Harrison's 18/e p1921, 1922*
169. In which of the following conditions left atrium is not enlarged:
a. Ventricular septal defect
b. Atrial septal defect
c. Aortopulmonary window
d. Patent ductus arteriosus *Ref: Harrison's 18/e p1921-22*
170. True statement about ductus arteriosus is: (AI 2000)
a. It undergoes anatomic closure within 24 hrs of birth
b. Forms the ligamentum venosum in later life
c. It is induced to close by high levels of prostaglandins
d. May cause a machinery murmur by its patency. *Ref: Harrison's 18/e p1923-24*
171. A five year old child presents with Left ventricular hypertrophy and central cyanosis. What is the most probable diagnosis? (AIIMS Nov 2000)
a. Tricuspid atresia
b. Eisenmenger syndrome
c. Tetralogy of Fallot
d. Total anomalous pulmonary venous drainage *Ref: Harrison's 18/e p1927*

Ans. 156. b. PDA	157. c. Atrial septal defect	158. a. Valvular stenosis...	159. a. Atrial Septal Defect (ASD)
160. d. First Heart...	161. c. Predominantly left...	162. d. Tetralogy of Fallot	163. a. Aorta to pulmonary artery
164. b. Descending aorta...	165. c and d	166. c. Ostium primum...	167. b. Left atrial...
168. c. Ostium primum...	169. b. Atrial septal defect	170. d. May cause a ...	171. a. Tricuspid atresia

172. A child presents with LVH and pulmonary complications. ECG shows left axis deviation. Most likely diagnosis is:
a. TOF (AI 2001)
b. Tricuspid atresia
c. TAPVC
d. VSD
173. A patient complains of intermittent claudication, dizziness and headache; likely cardiac lesion is:
a. TOF (AI 2001) (AIIMS Nov 2000)
b. ASD
c. PDA
d. Coarctation of aorta *Ref: Harrison's 18/e p1925, 17/e p1462*
174. A 1-month-old boy is referred for failure to thrive. On examination, he shows feature of congestive failure. The femoral pulses are feeble as compared to branchial pulses. The most likely clinical diagnosis is: (AI 2006)
a. Congenital aortic stenosis
b. Coarctation of aorta
c. Patent ductus arteriosus
d. Congenital aortoiliac disease *Ref: Harrison's 18/e p1925*
175. A 27 year old man in noted to have blood pressure of 170/100 mmHg. He has prominent aortic ejection click and murmurs heard over the ribs on the both sides anteriorly and over the back posteriorly. In addition, the pulses in the lower extremities are feeble and he complains of mild claudication with exertion. The most likely diagnosis is (AIIMS Nov 04)
a. Atrial septal defect
b. Aortic stenosis
c. Coarctation of the aorta
d. Cardiomyopathy *Ref: Harrison's 18/e p1925, 17/e p1462*
176. A 4 1/2-year-old girl always had to wear warm socks even in summer season. On physical examination, it was noticed that she had high blood pressure and her femoral pulse was weak as compared to radial and carotid pulse. A chest radiograph showed remarkable notching of ribs along with their lower borders. This was due to: (AIIMS Nov 02)
a. Femoral artery thrombosis.
b. Coarctation of aorta.
c. Raynaud's disease.
d. Takayasu's arteritis. *Ref: Harrison's 18/e p1925, 17/e p1462*
177. A Ten year old boy presents to the pediatric emergency unit with seizures. Blood pressure in the upper extremity measured as 200/140 mm Hg. Femoral pulses were not palpable. The most likely diagnosis amongst the following is: (AI 2010)
a. Takayasu Aortoarteritis
b. Renal parenchymal disease
c. Grandmal seizures
d. Coarctation of Aorta
Ref: Harrison's 18/e p1925
178. A 20 year old young man presents with exertional dyspnoea, headache, and giddiness. On examination, there is hypertension and LVH. X-ray picture shows notching of the anterior ends of the ribs. The most likely diagnosis is:
a. Phaeochromocytoma (AI 2002)
b. Carcinoid syndrome
c. Coarctation of the aorta
d. Superior Mediastinal syndrome
Ref: Harrison's 18/e p1925
179. Which condition is most commonly associated with coarctation of aorta? (AI 2008)
a. PDA
b. Bicuspid aortic valve
c. Aortic stenosis
d. VSD *Ref: Harrison's 18/e p1925, 17/e p1462*
180. Coarctation of Aorta is most commonly associated with: (AI 2011)
a. Bicuspid Aortic valve
b. Patent Ductus Arteriosus (PDA)
c. Ventricular Septal Defect (VSD)
d. Atrial Septal Defect (ASD)
Ref: Harrison's 18/e p1925, 17/e p1462
181. Inferior rib notching is seen in all except: (AIIMS June 2000)
a. Coarctation of aorta
b. Classical blalock tausing operation
c. SVC obstruction
d. Neurofibromatosis
Ref: Internet
182. All of the following causes death in coarctation of Aorta except: (PGI June 2000)
a. Infective endocarditis
b. CCF
c. Intracranial hemorrhage
d. Anterior MI
Ref: Harrison's 18/e p1925, 17/e p1926
183. The most common type of total anomalous pulmonary venous connection is: (AI 2005)
a. Supracardiac.
b. Infracardiac.
c. Mixed.
d. Cardiac.
Ref: Internet
184. A five day old, full term male infant was severely cyanotic at birth. Prostaglandin E was administered initially and later ballooned atrial septostomy was done which showed improvement in oxygenation. The most likely diagnosis of this infant is: (AI 2004)
a. Tetralogy of Fallot
b. Transposition of great vessels
c. Truncus arteriosus
d. Tricuspid atresia *Ref: Harrison's 18/e p1927*
185. A neonate has recurrent attacks of abdominal pain, restless irritability and diaphoresis on feeding. Cardiac auscultation reveals a nonspecific murmur. He is believed to be at risk for M.I. Likely diagnosis here is: (AI 2001)
a. ASD
b. VSD
c. TOF
d. Anomalous coronary artery
Ref: Harrison's 18/e p1927

Ans.	172. b. Tricuspid atresia	173. d. Coarctation of aorta	174. b. Coarctation of aorta	175. c. Coarctation of aorta
	176. b. Coarctation of aorta	177. d. Coarctation of aorta	178. c. Coarctation of aorta	179. b. Bicuspid aortic valve
	180. a. Bicuspid aortic...	181. d. Neurofibromatosis	182. d. Anterior MI	183. a. Supracardiac
	184. b. Transposition of...	185. d. Anomalous coronary artery		

186. Eisenmenger syndrome is characterized by all except:
- Return of left ventricle and right ventricle to normal size.
 - Pulmonary veins not distended. (AI 2005)
 - Pruning of peripheral pulmonary arteries.
 - Dilatation of central pulmonary arteries.

Ref: Harrison's 18/e p1923

G. CONGESTIVE HEART FAILURE

187. Factors that may precipitate acute decompensation in patients with chronic heart failure include
- Dietary indiscretion (Karnataka 2011)
 - Infection
 - Nonsteroidal anti-inflammatory drugs
 - All of the above

Ref: Harrison's 18/e p1907, 17/e p1448, table 227-3

188. All of the following are seen in arrest except:
- Electromechanical dissociation (Kerela PG 2008)
 - Atrial fibrillation
 - Ventricular fibrillation
 - Ventricular tachycardia

Ref: Davidson, 20/e p555

189. Which of the following is not present in cardiac tamponade?
- Pulsus paradoxus (Rajasthan 2009)
 - Kussmaul's sign
 - Pulmonary edema
 - Hypertension

Ref: Harrison's 18/e p1972, 1973

190. CCF which is not true
- Echo is diagnostic (AP 2011)
 - Myocardial infarction is cause
 - Includes 4 classes
 - ↑ JVP

Ref: Harrison's 18/e p1906

191. Asterixis is seen in all, except:
- Renal failure (J and K 2010)
 - Hepatic failure
 - Left ventricular failure
 - Hypercapnia

Ref: Harrison's 18/e p2250

192. Cardiac output is decreased in all except:
- Dilated cardiomyopathy (J and K 2010)
 - CCF due to mitral regurgitation in rheumatic heart diseases
 - Pericardial effusion
 - Pulmonary edema due to circulatory congestion in acute glomerulonephritis

Ref: Harrison's 18/e p2218

193. All the following are features of right sided heart failure, except:
- Increased PCWP (AI 2009)
 - Pulsatile liver
 - Increased JVP
 - Positive hepatjugular reflex

194. Which of the following is not a major Framingham criteria in CHF:
- Cardiomegaly (AIIMS Nov 2008)
 - Paroxysmal nocturnal dyspnea

- S3 gallop
- Hepatomegaly

Ref: Internet

195. Left ventricular Hypertrophy is caused by all, except:
- M.S (Mitral stenosis) (AIIMS Nov 09)
 - AS (Aortic Stenosis)
 - M.R (Mitral Regurgitation)
 - AR (Aortic Regurgitation)

Ref: Harrison's 18/e p1931, 17/e p1467

196. CCF is associated with increase in all the following except:
- Right atrial mean pressure (AI 2007)
 - Serum Sodium
 - Urea
 - Nor epinephrine

Ref: Harrison's 18/e p1906, 1907 17/e p1447

197. Positive hepatjugular reflux is found in conditions except:
- Tricuspid regurgitation (AI 2009)
 - Right heart failure
 - Decreased after load
 - PS

Ref: Harrison's 18/e p1823, 17/e p1384

198. Positive Hepatojugular Reflux is found in all of the following conditions, except:
- Tricuspid Regurgitation (AIIMS May 2011)
 - Precapillary Pulmonary Hypertension
 - Right Ventricular Infarction
 - Decreased after-load

Ref: Harrison's 18/e p1823, 1384

199. A Patient comes with sudden respiratory distress. On examination, bilateral basal crepts are present over chest suggestive of pulmonary edema. Alveolar wedge pressure is normal. The likely cause is:

(AIIMS June 2000)

- Narcotic overdose
- Congestive heart failure
- Myocardial infarction
- Cardiogenic shock

Ref: Harrison's 18/e p1948

200. Pulmonary edema associated with normal PCWP is observed. Which of these is not a cause:
- High altitude (AI 01)
 - Cocaine overdose
 - Post cardiopulmonary bypass
 - Bilateral renal artery stenosis

201. A 45-year-old woman underwent a modified radical mastectomy 4 years ago. She was treated for multiple bone metastases with cyclophosphamide, doxorubicin, and fluorouracil for 6 months. She is complaining of exertion on exercise, swelling of the legs, and swelling around eyes in the morning. On examination, she has bilateral rales in the lungs, S1, S2 audible, S3, S4 gallop present. Her BP is 149/117 mm Hg, PR is 80/min, and RR is 18/min. What is the most likely cause for her cardiac condition? (AIIMS May 06)

- Systolic dysfunction CHF
- Drug induced cardiac toxicity
- Metastatic cardiac disease
- Pneumonia

Ref: Harrison's 16/e p584

Ans. 186. a. Return of left ...	187. d. All of the above	188. b. Atrial fibrillation	189. d. Hypertension
190. a. Echo is diagnostic	191. c. Left ventricular...	192. d. Pulmonary edema...	193. a. Increased PCWP
194. d. Hepatomegaly	195. a. M.S (Mitral stenosis)	196. b. Serum Sodium	197. c. Decreased after load
198. d. Decreased after...	199. a. Narcotic overdoses	200. d. Bilateral renal...	201. b. Drug induced

202. All of the following are used in the initial management of acute life threatening cardiogenic pulmonary edema, except: (AI 2012)
- Digoxin
 - Morphine
 - Furosemide
 - Positive Pressure Ventilation *Ref: Harrison's 18/e p2236*
203. All of the following medications may be used in congestive cardiac failure, Except: (AIIMS Nov 09)
- Spirolactone
 - Nitrates
 - Nesiritide
 - Trimetazidine *Ref: Harrison's 18/e p1907-12*
204. All of the following are true about starting betablocker therapy in cases of CHF, except: (AIIMS Nov 2010)
- They should be initiated at the effective doses
 - They should be gradually increased over weeks
 - Special precautions should be taken in NYHA class III and IV
 - Carvedilol and Metoprolol are the preferred Drugs *Ref: Harrison's 18/e p1909, 17/e p1950*
205. In a patient with chronic congestive cardiac failure, all of the following drugs prolong survival except: (AIIMS May 04)
- Metoprolol
 - Carvedilol
 - Enalapril
 - Digoxin *Ref: Harrison's 18/e p1906, 1908 17/e p1448,1451*
206. Which of the following statements is true about High Attitude Pulmonary Edema (HAPE)? (AIIMS Nov. 06)
- Not exacerbated by exercise
 - Associated with pulmonary vasoconstriction
 - Occurs only in unacclimatized individuals
 - Associated with low cardiac output *Ref: Ganong 24/e p651*

H. ATHEROSCLEROSIS, ISHEMIC HEART DISEASE

207. Tuberoeruptive xanthomas are characteristic of familial forms of: (MP PG 2009)
- Hypercholesterolemia
 - Dysbetalipoproteinemia
 - Defective apoB- 100
 - Sitosterolemia *Ref: Harrison's 18/e p3149, 17/e p2419*
208. Which of the following is a lipid mediator? (Rajasthan 2008)
- Interleukin 1
 - Interleukin 8
 - Tumor necrosis factor α
 - Leukotriene B₄ *Ref: Harper 28/e p200*
209. All of the following are risk factors for atherosclerosis, except: (AP 2012)
- Low HDL
 - Increased waist-hip ratio
 - Low fibrinogen
 - High LDL *Ref: Harrison's 18/e p1987-1989, 3280*
210. Tangier's disease is associated with (AP 2012)
- High LDL
 - High TG
 - High HDL
 - Low HDL *Ref: Harrison's 18/e p3154*
211. All of the following are risk factors for atherosclerosis except: (AI 06)
- Increased waist - hip ratio
 - Hyperhomocysteinemia
 - Decreased fibrinogen levels
 - Decreased HDL levels *Ref: Harrison's 18/e p1987, 17/e p1505*
212. Best predictor for future risk of cardiovascular events, amongst the following is: (AI 2009)
- hs CRP
 - Lipoprotein 'a'
 - Homocysteine
 - Interleukin 6 *Ref: Harrison's 18/e p1990*
213. Which of the following is the best marker to predict future cardiac events (DNB June 2012)
- hs CRP
 - Homocystine
 - Interleukin-6 *Ref: Harrison's 18/e p1990*
214. The amino acid which is associated with atherosclerosis is: (AIIMS May 2006)
- Lysine
 - Homocysteine
 - Cysteine
 - Alanine *Ref: Harrison's 18/e p1987, 17/e p1505*
215. Risk factors for coronary artery disease (CAD) (select two options): (PGI June 01)
- High HDL
 - Low LDL
 - Increased homocysteine levels
 - Decreased fibrinogen levels
 - Increased lipoproteins *Ref: Harrison's 18/e p1987, 17/e p1505*
216. Predisposing factors for coronary artery disease include, all except: (PGI Dec 02)
- Homocysteinemia
 - ↑ Lipoprotein B
 - ↑ Fibrinogen
 - ↑ plasminogen activator inhibitors 1 *Ref: Harrison's 18/e p1987, 17/e p1505*
217. Raised serum level of lipoprotein-(a) is a predictor of: (AI 03)
- Cirrhosis of liver
 - Rheumatic arthritis
 - Atherosclerosis
 - Cervical cancer *Ref: Harrison's 18/e p1987*

Ans.	202. a. Digoxin	203. d. Trimetazidine	204. a. They should be...	205. d. Digoxin
	206. b. Associated with...	207. b. Dysbetalipoproteinemia	208. d. Leukotriene B ₄	209. c. Low fibrinogen
	210. d. Low HDL	211. c. Decreased	212. a. hs CRP	213. a. hs CRP
	214. b. Homocysteine	215. c and e	216. b. ↑ Lipoprotein B	217. c. Atherosclerosis

218. Which of the following increases the susceptibility to coronary artery disease: (AI 03)

- Type V hyperlipoproteinaemia
- Von Willebrand's disease
- Nephrotic syndrome
- Systemic lupus erythematosus

Ref: Internet

219. In an old patient, the best indicator of probability of developing cardiovascular disease can be calculated by: (AIIMS May 02)

- LDL/HDL ratio.
- Triglycerides
- Total cholesterol
- Serum LDL

Ref: Harrison's 18/e p1987

220. Most important predictor of coronary artery disease is: (AIIMS May 09)

- VLDL
- LDL
- Chylomicron
- LDL/HDL

Ref: Harrison's 18/e p1987

221. All of the following dietary goals are recommended for patients with high risk of coronary heart disease, except: (AI 2011)

- LDL cholesterol < 100 mg/dl
- Saturated fat < 7 % of total calories
- Salt restriction < 6 gm/day
- Avoid Alcohol

Ref: Internet

222. Which of the following dietary interventions has shown to reduce mortality in patients with coronary heart disease: (AIIMS May 07)

- High Fibre diet
- Sterol Esters
- Potassium supplements
- Omega 3 polyunsaturated fatty acids

Ref: Internet

223. A patient with hypertriglyceridemia is treated with Omega-3 polyunsaturated fatty acids. Treatment with omega-3 polyunsaturated fatty acids, will have the following effect on lipid profile: (AIIMS Nov 2006)

- Increased LDL and Increased total cholesterol
- Decreased LDL and Decreased total cholesterol
- Increased LDL and Decreased total cholesterol
- Decreased LDL and Increased total cholesterol

Ref: Harper 28/e p231

224. Which of the following statements about Atherosclerosis is true: (AIIMS May 2011)

- Intake of Unsaturated Fatty Acids is associated with decreased risk
- Extent of lesions in veins is similar as that in arteries
- Thoracic Aorta is more commonly involved than abdominal aorta
- Hypercholesterolemia alone does not increase the risk of atherosclerosis per se

Ref: Internet

I. MYOCARDIAL INFARCTION

225. 50 years male had acute myocardial infarction 4 days ago. Now he complains of substernal chest pain with radiation into left arm and jaw. Most likely cause of the chest pain is: (MP PG 2010)

- Reinfarction
- Pericarditis
- Right ventricular infarction
- Rupture of the anterior wall

Ref: Harrison's 18/e p2033, 17/e p1542

226. All of the following are true about Right Ventricular Infarcts, except: (DNB 2012)

- Nocturia
- Hepatomegaly
- Ascitis
- Normal JVP

Ref: Harrison's 18/e p2032

227. All of the following statements about Universal Definition of Myocardial Infarction are true, except: (AIIMS Nov 2011)

- Sudden, unexpected Cardiac death with symptoms of Ischemia.
- Elevation of cardiac biomarkers with new regional wall motion abnormality
- Three times increase in Troponin levels after Percutaneous Coronary Intervention (PCI)
- Three times increase in Troponin levels after Coronary Artery Bypass Grafting (CABG)

Ref: Harrison's 18/e p105

228. All of the following arteries are common sites of occlusion by a except: (AIIMS May 2005)

- Left anterior descending
- Right coronary artery
- Circumflex coronary artery
- Marginal artery

Ref: Robbin's 8/e p551

229. Which of the following ECG findings is associated with acute myocardial Infarction: (DNB 2012)

- Elevation of S wave
- Prolonged QT interval
- Tall T waves with increased amplitude
- Prolonged PR interval

Ref: Harrison's 18/e p1836

230. ECG is poor in detecting ischemia in areas supplied by which of the following vessels: (AI 2011)

- Left Anterior Descending (LAD)
- Left Circumflex (LCx)
- Left Coronary Artery (LCA)
- Right Coronary Artery (RCA)

231. Which of the following ECG leads is most sensitive in detecting intraoperative myocardial ischemia:

- Lead I
- Lead II
- Lead V1
- Lead V2
- Lead V5

Ref: Harrison's 18/e p1836

Ans. 218. c. Nephrotic syndrome	219. a. LDL/HDL ratio	220. d. LDL/HDL	221. d. Avoid Alcohol
222. d. Omega 3...	223. c. Increased LDL ...	224. a. Intake of	225. a. Reinfarction
226. d. Normal JVP	227. d. Three times	228. d. Marginal artery	229. c. Tall T...
230. b. Left Circumflex...	231. e. Lead V5		

232. A 60 year old man presents with chest pain with last 6 hours and is diagnosed as acute myocardial infarction. Angiography showed involvement of anterior descending branch of left coronary artery. The most probable site of infarct is: (AIIMS May 01)
- Anterolateral wall
 - Posterior wall
 - Inferior wall
 - Septal *Ref: Robbins illustrated 7/e p518, 6/e p557*
233. A 70 year old male patient presented to the emergency department with pain in epigastrium and difficulty in breathing for 6 hours. On examination, his heart rate was chest examination was normal. The patient has been taking omeprazole for gastroesophageal reflux disease for last 6 months. What should be the initial investigation: (AIIMS Nov 05)
- An ECG
 - An upper GI endoscopy
 - Urgent ultrasound of the abdomen
 - An x-ray chest *Ref: Harrison's 18/e p2001, 17/e p1517*
234. In stable angina: (AIIMS Nov 03)
- CK-MB is elevated
 - Troponin I is elevated
 - Myoglobin is elevated
 - The levels of cardiac markers remain unchanged. *Ref: Harrison's 18/e p2001*
235. ST elevation and hyperacute T waves in precordial leads V1 to V6 and in lead aVL indicates: (PGI Dec 2000)
- Anterolateral wall MI
 - Posterior wall MI
 - Inferior MI
 - Lateral wall MI *Ref: Harrison's 18/e p1836, 17/e p1393*
236. In MI, which enzyme is raised in 4 to 6 hrs. and decreases in 3 to 4 days: (AIIMS Nov 2000)
- SGOT
 - LDH
 - CPK
 - SGPT *Ref: Harrison's 18/e p2023*
237. Troponin - T is a marker of: (AIIMS May 2004)
- Renal disease
 - Muscular disease
 - Cirrhosis of liver
 - Myocardial infarction *Ref: Harrison's 18/e p2023*
238. Troponin-T is preferable to CPK-MB in the diagnosis of acute myocardial infarction (MI) in all of the following situations except: (AI 2003)
- Bedside diagnosis of MI
 - Postoperatively (after CABG)
 - Reinfarction after 4 days
 - Small infarcts *Ref: Harrison's 18/e p2024, 17/e p1534*
239. Which of the following is the preferred marker for detecting Acute STEMI in Athletes: (AI 2012)
- CK-MB
 - Troponin T/I
 - C-Reactive Protein
 - LDH *Ref: Harrison's 18/e p2023, 2024*
240. Reperfusion is believed to restore contractile function of:
- Stunned Myocardium (AIIMS May 2011)
 - Hibernating Myocardium
 - Ischemic non-viable myocardium
 - Non ischemic viable myocardium
241. The best possible intervention for acute myocardial infarction is: (AIIMS May 2005)
- Streptokinase
 - Streptokinase and aspirin
 - Early primary coronary intervention
 - Streptokinase and heparin *Ref: Harrison's 18/e p2027, 17/e p1537*
242. A patient present with acute anterior wall infarction and hypotension. Which will be the immediate treatment modality for this patient: (AI 2007)
- Intra aortic balloon counter pulsation
 - Anticoagulation
 - Thrombolytic therapy
 - Primary angioplasty *Ref: Harrison's 18/e p2027, 17/e p1537*
243. A patient presents with intense chestpain of 2 hrs duration. ECG shows ST depression in leads I and V1 to V4. There is associated T inversion and CPK-MB is elevated. All of the following should be included in the management of this patient, except: (PGI June 2000)
- Nitroglycerine drip
 - Aspirin
 - Coronary angiography
 - Streptokinase
 - I.V. metoprolol *Ref: Harrison's 18/e p2027*
244. A 40 years old male, chronic smoker comes with acute epigastric discomfort, for past one hour. ECG showing ST segment elevation in inferior leads. What is the immediate intervention? (AIIMS Nov 07)
- Aspirin
 - Thrombolytic therapy
 - IV pantoprazole
 - Beta blockers *Ref: Harrison's 18/e p2025, 2029 17/e p1535*
245. All of the following drugs are used in the management of acute myocardial infarction, except: (AIIMS May 04)
- Tissue Plasminogen activator
 - Intravenous beta blockers
 - Acetylsalicylic acid
 - Calcium channel blockers *Ref: Harrison's 18/e p2026, 17/e p1536*
246. All of the following are used in the management of acute myocardial infarction except: (PGI Dec 01)
- Aspirin
 - Heparin
 - Alteplase
 - Warfarin *Ref: Harrison's 18/e p2027-2030, 17/e p1539*

Ans. 232. a. Anterolateral wall	233. a. An ECG	234. d. The levels of cardiac	235. a. Anterolateral wall MI
236. c. CPK	237. d. Myocardial infarction	238. c. Reinfarction...	239. b. Troponin T/I...
240. b. Hibernating...	241. c. Early primary...	242. d. Primary angioplasty	243. d. Streptokinase
244. a. Aspirin...	245. d. Calcium channel...	246. d. Warfarin...	

247. Streptokinase and Urokinase are contraindicated in:
a. Intracranial malignancy (AI 2010)
b. Pulmonary Embolism
c. AV fistula
d. Thrombophlebitis *Ref: Harrison's 18/e p2028, 17/e p1538*
248. All of the following are complications of streptokinase, except:
a. Joint pain
b. Intracranial bleed
c. Fever
d. Anaphylaxis
e. Hypotension *Ref: Harrison's 18/e p2028, 17/e p1538*
249. A patient with acute inferior wall myocardial infarction has developed shock. Which of the following is the most likely cause of shock: (AIIMS May 04)
a. Cardiac rupture
b. Interventricular septal perforation
c. Papillary muscle rupture
d. Right ventricular infarction
Ref: Harrison's 18/e p2233; Table 272-1
250. In a pt of acute inferior wall MI; best modality of rx is: (AI 2001)
a. IV fluids
b. Digoxin
c. Diuretics
d. Vasodilators *Ref: Harrison's 18/e p2032, 17/e p1541*
251. A patient had an inferior wall myocardial infarction and was in shock. The reason for the patient being in shock is: (AIIMS May 02)
a. Mitral regurgitation
b. Infarction causing septal defect
c. Right ventricular infarction
d. Decreased ejection fraction from left ventricle
Ref: Harrison's 18/e p2031, 17/e p1541
252. In a patient with myocardial infarction the valvular lesion commonly seen in: (AIIMS May 02)
a. Aortic stenosis
b. Mitral regurgitation
c. Aortic regurgitation
d. Septal defect *Ref: Harrison's 18/e p2022, 17/e p1533*
253. Ramkumar a 70 year old hypertensive male was admitted in the intensive care unit with transmural anterolateral myocardial infarction. His condition was stable till fifth day of admission, when he developed a pericardial friction rub and pleuritic chest pain which persisted despite narcotic and steroid therapy. On the seventh morning, he suddenly developed marked hypotension. On examination there was marked distension of the jugular veins, accompanied with electromechanical dissociation. Most likely, the patient had developed: (AIIMS Nov 02)
a. Severe acute mitral regurgitation.
b. Ventricular septal rupture.
c. Right ventricular infarction.
d. External cardiac rupture.
Ref: Harrison's 18/e p1971, 17/e p1491
254. Which of the following tests is used to detect reversible myocardial ischemia: (AIIMS May 09)
a. Angiography
b. Thallium scan
c. MUGA
d. Resting Echocardiography *Ref: Harrison's 18/e p2024*
255. Which of the following drugs has been linked with increased cardiac mortality: (AI 2012)
a. Rofecoxib
b. Metoprolol
c. Losartan
d. Nicorandil *Ref: Goodman Gilman 11/e p684, 686*
256. Following an attack of myocardial infarction the mortality and morbidity of the patient is indicated by:
a. Ventricular extra systole (AIIMS June 2000)
b. Left ventricular ejection fraction
c. Duration of syncope
d. Percentage of narrowness of coronary artery
Ref: Harrison's 18/e p2233
257. All of the following statements regarding subendocardial infarction are true, except: (AI 06)
a. These are multifocal in nature
b. These often result from hypotension or shock
c. Epicarditis is not seen
d. These may result in aneurysm *Ref: Robbin's 8/e p550*
258. A myocardial infarct showing early granulation tissue has most likely occurred: (AI 02)
a. 1 hours old
b. 24 hours old
c. 1 week old
d. 1 month old *Ref: Robbin's 8/e p550; Table 12-5*
259. Subendocardial infarct is associated with all except: (WB PG 08)
a. May result in Aneurysm
b. Multifocal in nature
c. Epicarditis is not seen
d. Often result from hypotension or shock
Ref: Robbin's 8/e p550

J. HYPERTENSION

260. Calcium blocking agents of use in the treatment of hypertension include: (Feb DP PGMEET 2009)
a. Prazosin
b. Lidoflazine
c. Captopril
d. Nifedipine *Ref: Harrison's 18/e p2055-56*
261. Episodic hypertension is classical feature of: (MHPGM-CET 2010)
a. Adrenal carcinoma
b. Pheochromocytoma
c. Conn's syndrome
d. Cushing's disease
Ref: Harrison's 18/e p2963, 17/e p2270; Table 337-1

Ans. 247. a. Intracranial...	248. a. Joint pain...	249. b. Interventricular...	250. a. IV fluids
251. c. Right ventricular...	252. b. Mitral regurgitation	253. d. External cardiac...	254. b. Thallium scan
255. a. Rofecoxib	256. b. Left ventricular...	257. d. These may ...	258. c. 1 week old...
259. a. May result in...	260. d. Nifedipine	261. b. Pheochromocytoma	

262. Aortic dissection which occurs in young individuals is due to: (MP PG 2009)

- Hypertension
- Syphilis
- Atherosclerosis
- Connective tissue disorders affecting the aorta

Ref: Harrison's 18/e p2063 17/e p1565

263. Which of the following is the most common location of hypertension haemorrhage? (UP 2011)

- Pons
- Putamen
- Thalamus
- Subcortical white matter

Ref: Internet

264. Pulmonary hypertension occurs in: (DP PGME 2010)

- Essential hypertension
- Parkinsonism
- Cushing syndrome
- Stein leventhal syndrome

Ref: Harrison's 18/e p2077

265. Which of the following drugs should not be used in a setting of severe hypertension in elderly on empirical basis? (DP PGME 2009)

- Enalapril
- Amlodipine
- Chlorthiazide
- Prazosin

Ref: Harrison's 18/e p2056, 17/e p1560

266. Management of uncomplicated essential hypertension is: (DNB 2009)

- No need to treat
- Diet modification and exercise
- Diet modification, exercise and drugs
- Drugs alone

Ref: Harrison's 18/e p2054

267. First line drug choice for management of hypertension in patients with angina:

- Beta Blockers
- ACE Inhibitors
- Calcium Channel Blockers
- Hydralazine

Ref: Harrison's 18/e p2054-56

268. A young patient presented with blood pressure of 190/120 mm of Hg without any clinical symptom and fundus examination is normal, treatment of choice: (PGI June 03)

- Oral Nitroglycerine
- I.V. Nitroglycerine
- Oral Enalapril
- IV Enalapril
- Sublingual short acting Nifedipine

Ref: Harrison's 18/e p2055, 17/e p

269. Monogenic AD cause of HTN? (PGI 2009)

- 17- α Hydroxylase deficiency
- Gordon's Syndrome
- Pregnancy Exacerbated HTN
- Glucocorticoid responsive HTN
- Glucocorticoid Remediable Aldosteronism

Ref: Harrison's 18/e p2054-56, 17/e p1557

270. A male patient presents with headache, profuse sweating and palpitations with a blood pressure of 180/120 mm Hg.

The drug of choice would be:

(DNB 2009)

- Nifedipine
- Labetalol
- Prazocin
- Phenoxy benzamine

Ref: Harrison's 18/e p2058, 17/e p1561-62

271. All of the following are useful intravenous therapy for hypertensive emergencies except: (AIIMS May 03)

- Fenodopam
- Uradipil
- Enalaprilat
- Nifedipine

Ref: KDT 7/e p128, 129

272. A patient presents with headache and profuse sweating. On examination his blood pressure is recorded as 200/120 mm Hg. Which of the following agents are not preferred (Select three best options): (PGI 2009)

- Nifedipine
- Sodium nitroprusside
- Phenoxybenzamine
- Methyldopa
- Labetalol

Ref: Harrison's 18/e p268, 285, 858, 865, 853

273. In Accelerated HTN what is metabolic defect:

- Normal non-ionic metabolic acidosis
- Ionic gap met acidosis
- Hypomagnesemia
- Metabolic alkalosis

Ref: Harrison's 17/e p293

274. Which of the following is the most specific and sensitive screening test for Renovascular Hypertension:

- HRCT
- CT Angiography
- Captopril enhanced radionucleotide scan
- MRI

Ref: Harrison's 18/e p2048-2049

275. Which of the following is the most specific screening test for renovascular hypertension: (PGI 2008)

- Magnetic Resonance Angiography (MRA)
- Spiral Computed Tomographic Angiography (CT Angiography)
- Captopril induced Radionucleotide Scan (Captopril Renogram)
- Duplex Doppler Ultrasonography

Ref: Harrison's 18/e p2048-49

276. A 20 year old female presents with a blood pressure of 160/110 mm Hg. Clinical examination reveals a bruit in both flanks. Which of the following statements about this patient is not true (select one option): (PGI 09)

- Enalapril may deteriorate renal function
- Most definitive diagnostic procedure is contrast enhanced angiography
- Condition is nearly always bilateral
- Surgical intervention may be used
- Fibromuscular dysplasia is the likely cause in this patient

Ref: Harrison's 18/e p2375, 2376 17/e p1811-12

Ans. 262. a. Hypertension	263. b. Putamen	264. a. Essential hypertension	265. d. Prazosin
266. c. Diet modification	267. a. Beta Blockers	268. c. Oral Enalapril	269. b, c and e
270. b. Labetalol	271. d. Nifedipine	272. a, d and c	273. d. Metabolic...
274. b. CT Angiography	275. a. Magnetic...	276. c. Condition	

277. Renal artery stenosis may occur in all of the following except: (AI 2006)

- a. Atherosclerosis
- b. Fibromuscular dysplasia
- c. Takayasu's arteritis
- d. Polyarteritis nodosa

Ref: Internet

278. In primary pulmonary hypertension basic abnormality in gene lies in: (AIIMS May 07)

- a. Bone morphogenetic protein receptor II
- b. Endothelin
- c. Homeobox gene
- d. PAX – 11

Ref: Harrison's 18/e p2077, 17/e p1577

279. Precapillary Pulmonary hypertension is caused by all except: (PGI June 03)

- a. Mitral stenosis
- b. Pulmonary vasculitis
- c. Primary pulmonary hypertension
- d. Thromboembolism

Ref: Harrison's 18/e p2077-78

280. All are causes of pulmonary hypertension except:

- a. Hyperventilation (AIIMS Nov 07)
- b. Morbid obesity
- c. High altitude
- d. Fenfluramine

Ref: Harrison's 18/e p, 17/e p

281. Pulmonary hypertension may occur in all of the following conditions except: (AIIMS Nov 06)

- a. Toxic oil syndrome
- b. Progressive systemic sclerosis
- c. Sickle cell anemia
- d. Argemone mexicana poisoning

Ref: Harrison's 18/e p2082

K. CARDIOMYOPATHY

282. Selenium deficiency will cause: (Kerala PG 10)

- a. Alopecia
- b. Dermatitis
- c. Loss of array of skeletal muscle fibres
- d. Cardiomyopathy

Ref: Harrison 18/e p604, 17/e p449

283. Digoxin is contraindicated in: (UP 2009)

- a. Hypertrophic cardiomyopathy
- b. Supraventricular tachycardia
- c. Congestive heart failure
- d. Atrial flutter

Ref: Harrison's 18/e p1968, 17/e p1485; CMDT-09 p363

284. All the following drugs are to be avoided in hypertrophic cardiomyopathy except: (Comed K 2010)

- a. Diuretics
- b. Beta blockers
- c. Digitalis
- d. Nitrates

Ref: Harrison's 18/e p1869

285. Cardiomyopathy may be seen in all of the following except:

- a. Duchene muscular dystrophy (AIIMS May 2006)
- b. Friedrich's ataxia
- c. Type II glycogen storage disease
- d. Alkaptonuria

Ref: Harrison's 18/e p1959, 1965 17/e p1481

286. Contractile Dysfunction is the dominant feature of which of the following types of cardiomyopathies: (DNB 2012)

- a. Dilated cardiomyopathy
- b. Restrictive cardiomyopathy
- c. Hypertrophic cardiomyopathy
- d. Infiltrative cardiomyopathy

Ref: Harrison's 18/e p1952

287. Which one of the following is the most common cause for 'Restrictive cardiomyopathy': (AIIMS May 04)

- a. Alcohol
- b. Hemochromatosis
- c. Amyloidosis
- d. Sarcoidosis

Ref: Harrison's 18/e p1965, 17/e p1485

288. A 25 years old basket ball player suddenly collapsed while undergoing an athletic event and died. At autopsy the septum was hypertrophied. The most probable diagnosis is: (AIPGME 08)

- a. HOCM
- b. Right ventricular conduction Abnormality
- c. Epilepsy
- d. Snake bite

Ref: Harrison's 18/e p1967, 1968

Ref: API textbook of medicine 8/e p575

289. A 26 year old man died suddenly during sporting activity. At autopsy the heart revealed chamber and septum Hypertrophy. The most likely diagnosis is: (AIIMS May 09)

- a. HOCM
- b. DCM
- c. Arrhythmogenic cardiac problem
- d. Restrictive cardiomyopathy

Ref: Harrison's 18/e p1968, 1970, 17/e p1484-85

290. All are true about Hypertrophic Obstructive Cardiomyopathy, except: (AI 2000)

- a. β agonist are useful
- b. Asymmetrical hypertrophy of septum
- c. Dynamic L.V. outflow obstruction
- d. Condition improves on passive leg raising

Ref: Harrison's 18/e p1969, 17/e p1485

291. The murmur of hypertrophic obstructive cardiomyopathy is decreased in which of the following: (AIIMS Nov 2000)

- a. Supine position
- b. Standing position
- c. Valsalva maneuver
- d. Amyl nitrate inhalation

Ref: Harrison's 18/e p1969, 17/e p1485

Ans. 277. d. Polyarteritis	278. a. Bone morphogenetic...	279. a. Mitral stenosis	280. a. Hyperventilation
281. d. Argemone	282. d. Cardiomyopathy	283. a. Hypertrophic	284. b. Beta blockers
285. d. Alkaptonuria	286. a. Dilated	287. c. Amyloidosis	288. a. HOCM
289. a. HOCM	290. a. β agonist are useful	291. a. Supine position	

292. Which of the following drugs are contraindicated in:
 a. HOCM (DNB 2009)
 b. Verapamil
 c. Propranolol
 d. Digoxin
 e. None of the above *Ref: Harrison's 18/e p1969, 1970*
293. The 9 month old child of a diabetic mother presents with tachypnea and hepatomegaly. Echocardiography of the heart showed normal cardiac morphology with asymmetric septal hypertrophy. Which of the following you will give to treat this child: (AIIMS Nov 2000)
 a. Digoxin
 b. Frusemide
 c. Propranolol
 d. Isoptin *Ref: Harrison's 18/e p1969, 1970, 17/e p1485*
294. Aggravation of symptoms of angina in a patient when given nitrates is seen in: (AIIMS June 2000)
 a. Aortic regurgitation
 b. Mitral regurgitation
 c. Single left coronary artery stenosis
 d. Idiopathic hypertrophic subaortic stenosis
Ref: Harrison's 18/e p1968, 1969, 1970 17/e p1484-85
295. A 35-year-old farmer consulted a local medical practitioner for recurrent attacks of chest pain. His elder brother had similar complaints and had died suddenly at the age of 40 years. The farmer was advised to take nitroglycerine sublingually at the time of pain. However, the patient finds that the intensity of pain is increased by nitroglycerine. Most probably, he is suffering from: (AIIMS Nov 02)
 a. Subacute bacterial endocarditis involving the aortic valve.
 b. Hypertrophic obstructive cardiomyopathy.
 c. Degenerative mitral regurgitation.
 d. Chronic Type A dissection of aorta.
Ref: Harrison's 18/e p1968, 1970 17/e p1484
296. All of the following are seen in cardiac tamponade except: (AI 2004)
 a. Pulsus paradoxus
 b. Diastolic collapse of right ventricle on echocardiogram
 c. Electrical alternans
 d. Kussmaul's sign *Ref: Harrison's 18/e p1975, 17/e p1490*
297. All of the following may be seen in patients of cardiac tamponade except: (AI 06)
 a. Kussmaul's sign
 b. Pulsus paradoxus
 c. Electrical alternans
 d. Right ventricular diastolic collapse on
Ref: Harrison's 18/e p1975
298. Beck's triad of cardiac tamponade includes (select three correct options): (PGI Dec 03)
 a. Hypotension
 b. Neck vein distension
 c. Paradoxical pulse
 d. Silent heart
 e. Tachycardia *Ref: Harrison's 18/e p1972, 17/e p1490*
299. A pt presents with engorged neck veins, BP 80/50 and pulse rate of 100 following blunt trauma to the chest: Diagnosis is: (AI 2001)
 a. Pneumothorax
 b. Right ventricular failure
 c. Cardiac tamponade
 d. Hemothorax *Ref: Harrison's 18/e p1975, 17/e p1491*
300. A young motorist suffered injuries in a major road traffic accident. He was diagnosed to have fracture of left femur and left humerus. He was also having fractures of multiple ribs anteriorly on both the sides. On examination the blood pressure was 80/60 mm Hg. and heart rate was 140/minute. The patient was agitated, restless, and tachypenic. Jugular veins were distended. Air entry was adequate in both the lung fields. Heart sounds were barely audible. Femoral pulses were weakly palpable but distally no pulsation could be felt. On priority basis, the immediate intervention would be: (AIIMS Nov 02)
 a. Rapid blood transfusion.
 b. Urgent pericardial tap.
 c. Intercostal tube drainage on both the sides.
 d. Fixation of left femur and repair of femoral artery
Ref: Harrison's 18/e p1972, 1974 17/e p1490, 1491
301. A post-operative cardiac surgical patient developed sudden hypotension, raised central venous pressure, pulsus paradoxus at the 4th post operative hour. The most probable diagnosis is: (AI 2003)
 a. Excessive mediastinal bleeding
 b. Ventricular dysfunction
 c. Congestive cardiac failure
 d. Cardiac tamponade
Ref: Harrison's 18/e p1972, 17/e p1490
302. Kussmaul's sign is NOT seen in: (AI 2001)
 a. Restrictive cardiomyopathy
 b. Constrictive pericarditis
 c. Cardiac tamponade
 d. RV infarct
Ref: Harrison's 18/e p1975, 17/e p1490
303. A 30 year male patient presents to the emergency department with a history of acute breathlessness. On examination, JVP is increased and an inspiratory decline in systolic blood pressure of 14mm Hg is observed. Which of the following statements about the condition is true: (PGI June 2008)
 a. Kussmaul's sign
 b. Low ECG voltage
 c. Prominent y' descent
 d. Thickened Pericardium
Ref: Harrison's 18/e p1976, 1977
304. Haemorrhagic pericarditis occurs in all of the following conditions except: (AIIMS May 03)
 a. Transmural myocardial infarction
 b. Dissecting aneurysm of aorta
 c. Metastatic disease of pericardium
 d. Constrictive pericarditis
Ref: Harrison's 18/e p1972, 1976

Ans. 292. d. Digoxin	293. c. Propranolol...	294. d. Idiopathic	295. b. Hypertrophic...
296. a. Kussmaul's sign	297. a. Kussmaul's sign	298. a, b and d	299. c. Cardiac...
300. b. Urgent...	301. d. Cardiac...	302. c. Cardiac...	303. b. Low ECG voltage
304. d. Constrictive...			

305. Which of the following is least likely to cause constrictive pericarditis?

- a. Tuberculous pericardial effusion (AIIMS Nov 03)
- b. Staphylococcal effusion
- c. Post cardiac surgery
- d. Acute rheumatic fever

Ref: Harrison's 18/e p1976, 1493

306. During ventricular pressure pulses square root wave is seen in:

- a. ASD
- b. MVPS
- c. Dilated cardiomyopathy
- d. Constrictive pericarditis

Ref: Harrison's 18/e p1976, 17/e p1493

307. Restrictive cardiomyopathy may be differentiated from constrictive pericarditis by the following features (select two options):

- a. Diastolic pressures are equalized
- b. Pericardial effusion
- c. Thick pericardium is present
- d. RV size

Ref: Harrison's 18/e p1975, 17/e p1491

308. Rapid X descent unlikely in:

- a. Constrictive pericarditis
- b. Cardiac tamponade
- c. RVMI
- d. Restrictive cardiomyopathy

Ref: Harrison's 18/e p1975, 17/e p1491

L. MISCELLANEOUS

309. Sign of shock is:

- a. Hypotension
- b. Bradycardia
- c. Polyuria
- d. Chest pain

Ref: Davidson's, 20/e p177, 187-Box 8.7

310. Treatment of WPW Syndrome with which of the following drug/therapy should be better AVOIDED?

- a. Digitalis (MHPGM-CET 2010)
- b. DC cardioversion
- c. Adenosine
- d. Procainamide

Ref: KDT 6/e p499; Harrison's 18/e p1890, 17/e p1435

311. Investigation of choice for pulmonary thromboembolism is:

- a. CT scan
- b. Ventilation perfusion scan
- c. MRI
- d. USG

Ref: Harrison's 18/e p2173, 16/e, p1562; 17/e, p1653

312. Which of the following is seen in pulmonary thromboembolism?

- a. S1 Q3 T3
- b. S2 Q3 T3

(Kerala PG 2008)

c. S3 Q3 T1

d. S3 Q3 T2

Ref: Harrison's 18/e p2172, 16/e, p1562; 17/e, p1653

313. Which of the following about vasovagal syncope is false?

- a. Not mediated by bezold jarisch reflex (Kerela PG 2008)
- b. Beta blocker can be useful in treatment
- c. Reversed by salt loading test
- d. Dipyridamole may be useful in treatment

Ref: Harrison's 16/e, p127, 130, 17/e, p140, Internet

314. A patient having pain in the eye and associated dilated pupil most likely cause among the following: (Kerala PG 10)

- a. Diabetes mellitus
- b. Supraclinoid aneurysm rupture
- c. Infralenoid aneurysm rupture
- d. Junction of PCA and ICA aneurysm rupture

Ref: Harrison 17/e, p1727

315. Treatment of choice of sinus bradycardia:

- a. Pacing
- b. Dobutamine
- c. Intravenous Atropine
- d. Isoprenaline

Ref: Internet

316. Early reversible shock is characterized by:

- a. Decreased Blood Pressure
- b. Decreased heart rate
- c. Oliguria
- d. Cold Clammy extremities/increased peripheral resistance

Ref: Robbins basic pathology 7th 100; S Das textbook of surgery 3rd 10

317. Nodal rhythm, ectopic beats, bundle branch block and ventricular tachycardia is seen with poisoning:

- a. Digitalis
- b. Aconite
- c. Hydrogen cyanide
- d. Morphine

Ref: Harrison's 18/e p48, 232

318. Non ischaemic chest pain is caused by:

- a. Bleomycin
- b. Vincristinum
- c. Cyclophosphamide
- d. Cisplatinum

Ref: Harrison's 18/e p1362

319. Cardiomegaly is seen in:

- a. Multivalvular disease
- b. Anemia
- c. Pericardial effusion
- d. All

Ref: Internet

320. Most lethal aortic dissection:

- a. Ascending aorta
- b. Descending aorta
- c. Abdominal aorta
- d. Thoracic aorta

Ref: Harrison's 18/e p2063-2064

321. In cardiogenic shock due to left ventricular failure CVP is:

- a. Decreased
- b. Variable
- c. Increased
- d. No change

Ref: Harrison's 18/e p2235, 2232

Ans.	305. d. Acute...	306. d. Constrictive...	307. a and c	308. c. RVMI
	309. a. Hypotension	310. a. Digitalis	311. b. Ventilation	312. a. S1 Q3 T3
	313. a. Not mediated	314. d. Junction of...	315. c. Intravenous	316. d. Cold Clammy...
	317. a. Digitalis...	318. a. Bleomycin	319. d. All	320. a. Ascending aorta
	321. c. Increased			

322. Coronary angiography can visualize vessels with lumen upto: (Rajasthan 2009)
 a. 5 mm
 b. 1 mm
 c. 0.5 mm
 d. 0.1 mm
Ref: Harrison's 18/e p1858, 2029
323. Coronary sinus opens into: (Rajasthan 2009)
 a. Right atrium
 b. Right ventricle
 c. Left ventricle
 d. Left atrium
Ref: Internet
324. Square root sign is seen in: (Rajasthan 2008)
 a. Cardiac tamponade
 b. Restrictive cardiomyopathy
 c. Constrictive pericarditis
 d. Rt ventricle infact
Ref: Harrison's 18/e p1976
325. A Middle aged hypertensive man comes with severe chest pain radiating to the back and hypotension with left sided pleural effusion. The probable diagnosis is: (AP 2012)
 a. Acute M.I.
 b. Acute aortic dissection
 c. Rupture of the oesophagus
 d. Acute pulmonary embolism
Ref: Harrison's 18/e p2060-2064
326. Drug of choice for neurogenic shock: (AP 2010)
 a. Methoxamine
 b. Norepinephrine
 c. Adrenaline
 d. Dopamine
Ref: Harrison's 18/e p2216, 2222
327. "Square root" sign is characteristic of: (Comed K 2011)
 a. Dilated cardiomyopathy.
 b. Restrictive cardiomyopathy.
 c. Constrictive pericarditis.
 d. Cardiac tamponade.
Ref: Internet
328. The most common site of acute aortic dissection is: (Comed K 2010)
 a. Right lateral wall of ascending aorta
 b. Arch of aorta.
 c. Suprarenal abdominal aorta.
 d. Infra renal abdominal aorta
Ref: Robbins Pathology 7/e p532-3; Davidson's 20/e p607; Harrison's 17/e p1563, Table 242-1.
329. Obstructive sleep apnoea syndrome is associated with: (DP PGME 2010)
 a. Sudden cardiac death
 b. Road traffic accident
 c. Bulimia nervosa
 d. Anorexia nervosa
Ref: Harrison's 18/e p2339-40, 17/e p1665
330. First line treatment in the management of Hyper triglyceridemia is: (J and K 2012)
 a. Statin
 b. Ezetimibe
 c. Fibrates
 d. Bile acid sequestering agents
Ref: Harrison's 18/e p3151, 3153
331. Which of the heart valves has the shortest life?
 a. Starr-Edward valve
 b. Bjork-Shiley valve
 c. Biological valve
 d. St.Jude valve
Ref: Harrison's 18/e p1830
332. Capillary filling time is used for assessment of:
 a. Blood pressure
 b. Microcirculation
 c. Oxygen saturation
 d. None of the above
Ref: Harrison's 18/e p1830
333. Which of the following is an autosomal dominant metabolic disorder?
 a. Cystic fibrosis
 b. Phenyl ketonuria
 c. α -1 antitrypsin deficiency
 d. Familial hyper cholestrolemia
Ref: Harrison's 18/e p3148
334. Father has a blood group B; Mother has AB; Children are not likely to have the following blood group: (AI 2001)
 a. O
 b. A
 c. B
 d. AB
Ref: Internet
335. Manifestation of Acute Dissection include all of the following, except: (PGI June 01)
 a. Pericardial effusion
 b. AR
 c. MR
 d. AMI
 e. Limb ischemia
Ref: Harrison's 18/e p2064, 17/e p1656
336. All of the following factors predispose to Aortic dissection, except: (PGI June 02)
 a. Systemic hypertension
 b. Coarctation of aorta
 c. In Ist trimester pregnancy
 d. Takayasu's arteritis
 e. Marfan syndrome
Ref: Harrison's 18/e p, 17/e p
337. All of the following agents may be used in the treatment of Aortic dissection, Except (select two options): (PGI Dec 05)
 a. Propanolol
 b. Diazoxide
 c. Na nitroprusside
 d. Hydralazine
 e. Labetolol
Ref: Harrison's 18/e p2064, 17/e p1656

Ans.	322. c. 0.5 mm	323. a. Right atrium	324. c. Constrictive...	325. b. Acute...
	326. b. Norepinephrine	327. c. Constrictive	328. a. Right lateral...	329. a. Sudden...
	330. c. Fibrates	331. c. Biological valve	332. b. Microcirculation	333. d. Familial hyper...
	334. a. O	335. c. MR	336. c. In Ist trimester...	337. b and d

338. All of the following may be used in the treatment of cardiac arrest following ventricular fibrillation, except (select two best options): (PGI 09)

- a. Atropine
- b. External cardiac pacing
- c. Epinephrine
- d. Antiarrhythmic agents
- e. Vasopressin

Ref: Harrison's 18/e p2239, 224417/e p1712, 1708

339. What would be the first line of treatment in a patient who develops ventricular fibrillation after intravenous injection of potassium chloride: (AIIMS May 2004)

- a. Cardiac massage
- b. I.V Adrenaline
- c. Defibrillation
- d. IPPV

Ref: Harrison's 18/e p2244, 17/e p1712

340. Which of the following statements about atrial myxomas is true: (DNB 2011)

- a. Most common in Left Atrium
- b. More common in Males
- c. Distant metastasis are seen
- d. Most myxomas are familial

Ref: Harrison's 18/e p1495-1496

341. All of the following statement about atrial myxomas are true, except: (DNB 2011)

- a. Most common site is Left Atrium
- b. Most common in young individuals
- c. Distant metastasis are rare
- d. Most myxomas are familial

Ref: Harrison's 18/e p1979, 17/e p

342. All of the following are clinical features of myxoma, except: (AI 2002)

- a. Fever
- b. Clubbing
- c. Hypertension
- d. Embolic phenomenon

Ref: Harrison's 18/e p1979, 17/e p1495-96

343. Gradient in pulmonary artery wedge pressure and left ventricular end diastolic pressure is seen in:

- a. Aortic regurgitation (AIIMS June 2000)
- b. Constrictive pericarditis
- c. Left atrial myxoma
- d. Pulmonary thromboembolism

Ref: Harrison's 18/e p1979, 17/e p1495)

344. Carcinoid syndrome produces valvular disease primarily involving: (AIIMS May 05)

- a. Pulmonary valves
- b. Tricuspid valves
- c. Mitral valves
- d. Aortic valves

Ref: Harrison's 18/e p3062, 17/e p2351

345. Characteristic pathological finding in carcinoid heart disease is:

- a. Fibrous endocardial thickening of Right ventricle, Tricuspid valve and Pulmonary valve
- b. Endocardial thickening of Tricuspid valve with severe Tricuspid Stenosis
- c. Collagen rich, elastic deposits in endocardium of right ventricle and Pulmonary valve
- d. Calcification of Tricuspid and Pulmonary valve

Ref: Harrison's 18/e p3062

346. Carcinoid syndrome produces valvular disease primarily involving: (AIIMS May 04)

- a. Venous valves
- b. Tricuspid valve
- c. Mitral valve
- d. Aortic valve

Ref: Harrison's 18/e p3062, 3063

347. Sudden cardiac death may occur in all of the following except: (AI 06)

- a. Dilated cardiomyopathy
- b. Hypertrophic cardiomyopathy
- c. Eisenmenger's syndrome
- d. Ventricular septal defect

Ref: Internet

348. S.A. node acts as a pacemaker of the heart because of the fact that it: (AI 05)

- a. Is capable of generating impulses spontaneously
- b. Has rich sympathetic innervations
- c. Has poor cholinergic innervations
- d. Generates impulses at the highest rate

Ref: Ganong 22/e p547

349. Speed of conduction is fastest in: (PGI Dec 05)

- a. AV node
- b. SA node
- c. Bundle of His
- d. Purkinje system
- e. Ventricular muscle

Ref: Ganong 22/e p547

350. Which of the following is the order of activation after stimulation of Purkinji fibers is: (AIIMS Dec 95)

- a. Septum → Endocardium → Epicardium
- b. Endocardium → Septum → Epicardium
- c. Epicardium → Septum → Endocardium
- d. Septum → Epicardium → Endocardium

Ref: Ganong 22/e p547

351. The right coronary artery supplies all of the following parts of the conducting system in the heart except: (AI 2003)

- a. SA Node
- b. AV Node
- c. AV Bundle
- d. Right Bundle branch

Ref: Harrison's 18/e p1835

352. If circumflex artery gives the posterior interventricular branch, this circulation is described as: (AIIMS Nov 07)

- a. Right dominance
- b. Left dominance
- c. Codominance
- d. Undetermined

Ref: Harrison's 18/e p549

Ans.	338. a. and b.	339. c. Defibrillation	340. a. Most common...	341. d. Most myxomas...
	342. c. Hypertension	343. c. Left...	344. a. Pulmonary valves	345. a. Fibrous
	346. b. Tricuspid...	347. d. Ventricular	348. d. Generates...	349. d. Purkinje...
	350. a. Septum...	351. d. Right...	352. b. Left dominance	

353. During the cardiac cycle the opening of the aortic valve takes place at the: (AI 04)
 a. Beginning of systole
 b. End of isovolumetric contraction
 c. End of diastole
 d. End of diastasis *Ref: Ganong 24/e p540*
354. At the end of isometric relaxation phase: (AI 2000)
 a. Atrioventricular valves open
 b. Atrioventricular valves close
 c. Corresponds to peak of "C" wave in JVP
 d. Corresponds to T wave in ECG *Ref: Guyton 10/e p99*
355. Mean arterial pressure is calculated as: (AIIMS Nov 06)
 a. $(SBP + 2DBP)/3$
 b. $(DBP + 2SBP)/3$
 c. $(SBP + 3DBP)/2$
 d. $(DBP + 3SBP)/2$
356. SI unit for measuring Blood Pressure is: (AI 02)
 a. Torr
 b. mmHg
 c. kPa
 d. Barr *Ref: Harrison's 18/e p1824*
357. The blood pressure measured by a sphygmomanometer:
 a. Is lower than the intraarterial pressure (AI 08)
 b. Is higher than the intraarterial pressure
 c. Is same as the intraarterial pressure
 d. Is the same with different cuff sizes
Ref: Harrison's 18/e p1824
358. True about blood pressure measurement is all/except: (AIIMS May 07)
 a. Cuff width should be 40% of arm circumference
 b. Diastolic blood pressure is indicated by fourth Korotkoff sound
 c. Small cuff measures spuriously elevated Diastolic blood pressure
 d. Monkenberg sclerosis causes Pseudohypertension
Ref: Harrison's 18/e p1824, Ganong 22/e p589-90
359. Spuriously high BP is seen in all except: (AIIMS May 01)
 a. Auscultatory gap
 b. Small cuff
 c. Thick calcified vessels
 d. Obesity *Ref: Internet*
360. Which is true about measurement of BP with sphygmomanometer versus intra-arterial pressure measurements: (AI 2001)
 a. Less than intravascular pressure
 b. More than intravascular pressure
 c. Equal to intravascular pressure
 d. Depends upon blood flow *Ref: Harrison's 18/e p1824*
361. A 45 year old male had severe chest pain and was admitted to the hospital with a diagnosis of acute Myocardial Infarction. Four days later he died and autopsy showed Transmural coagulative necrosis. Which of the following microscopic features will be seen on further examination:
 a. Fibroblasts and collagen (AI 2009)
 b. Granulation tissue
 c. Neutrophilic infiltration surrounding coagulative necrosis
 d. Granulomatous inflammation
Ref: Robbin's 8/e p560; Table 12-5
362. A 60 year old male presented with acute chest pain of 4 hours duration. Electrocardiographic examination revealed new Q wave with ST segment depression. He suffered to his illness within 24 hours of admission. The heart revealed presence of a transmural hemorrhagic area over the septum and anterior wall of the left ventricle. Light microscopic examination is most likely to reveal: (AI 04)
 a. Edema in between normal myofibrils
 b. Necrotic myofibrils with presence of neutrophils
 c. Coagulative necrosis of the myocytes with presence of granulation tissue
 d. Infiltration by histiocytes with hemosiderin laden Macrophages
Ref: Robbin's 8/e p550; Table 12-5
363. A 70 year old man develops pneumonia and septicemia. Patient goes into renal failure and has a BP of 70/50 mm of Hg. Drug that should be used to maintain BP is: (AI 07)
 a. Adrenaline
 b. Ephedrine
 c. Phenylephrine
 d. Nor epinephrine *Ref: Harrison's 18/e p1836-37*
364. Renal failure in patients with septic shock occurs primarily from:
 a. Acute tubular necrosis
 b. Acute cortical necrosis
 c. Acute glomerulonephritis
 d. Acute papillary damage
Ref: Harrison's 18/e p2227, 17/e p1699
365. During cardiac imaging the phase of minimum motion of heart is: (AI 2010)
 a. Late systole
 b. Mid systole
 c. Late diastole
 d. Mid diastole *Ref: Internet*
366. Cardiovascular complications of HIV infection include all of the following, except: (AI 2009)
 a. Pericardial Effusion
 b. Cardiac Tamponade
 c. Cardiomyopathy
 d. Aortic Aneurysm *Ref: Harrison's 18/e p1549, 17/e p1172*
367. Cardiac abnormality in Marfan's syndrome included all, except: (AP 2012)
 a. Mitral regurgitation
 b. Aortic regurgitation
 c. Aortic root dilatation
 d. Coronary artery aneurysm
Ref: Harrison's 18/e p3212-2061, 2062

Ans. 353. b. End of...	354. a. Atrioventricular	355. a. $SBP + 2DBP/3$	356. c. kPa
357. b. Is higher	358. b. Diastolic	359. a. Auscultatory...	360. b. More than ...
361. c. Neutrophilic...	362. b. Necrotic	363. d. Nor epinephrine	364. a. Acute tubular...
365. d. Mid diastole	366. d. Aortic Aneurysm	367. d. Coronary artery aneurysm	

3. GASTROINTESTINAL SYSTEM

- A. Dysphagia/Esophageal Conditions
- B. Stomach and Duodenum
- C. Malabsorption Syndrome and Disorders of Small Intestine
- D. Inflammatory Bowel Disease
- E. Colonic Disorders
- F. Pancreatic Disorders
- G. Miscellaneous

GASTROINTESTINAL SYSTEM (QUESTIONS)

A. DYSPHAGIA/ESOPHAGEAL CONDITIONS

1. A 30 year old female patient presents with non progressive dysphagia, for both solids and liquids. The characteristic finding on barium swallow that will confirm the probable diagnosis is: (AI 2008)

a. Dilated esophagus with narrow lower end (Rat tail esophagus)
b. Multiple sacculations and pseudodiverticulae (Corkscrew esophagus)
c. Narrow and irregular esophageal lumen
d. Stricture ulcer in the esophagus

Ref: Harrison's 18/e p2432, 16/e p1742

2. A lady presented with non progressive dysphagia only for solids. Barium study showed proximal esophageal dilatation with distal constriction. The most likely diagnosis is:

a. Peptic Stricture (AI 2010)
b. Carcinoma Esophagus
c. Achalasia Cardia
d. Lower Esophageal Ring

Ref: Harrison's 18/e p2429, 17/e p239, 240, 1854

3. A 40 year old female patient with dysphagia to both liquids and solids and regurgitation for 3 months. The dysphagia was non-progressive. What is the most likely diagnosis?

a. Carcinoma of the esophagus (AIIMS May 2006)
b. Lower oesophageal mucosal ring
c. Achalasia cardia
d. Reflux esophageal with esophageal stricture

Ref: Harrison's 18/e p2431

4. Intermittent dysphagia is caused by (select two best options): (PGI June 04)

a. Stricture
b. Achalasia cardia
c. Pharyngeal diverticulum
d. Diffuse esophageal spasm

Ref: Harrison's 18/e p2432, 16/e p217

5. Investigation of choice for dysphagia for solids:

a. Barium swallow (PGI Dec 03)
b. Endoscopy
c. X-ray chest
d. C.T. scan

Ref: Harrison's 18/e p2434, 2427

6. A patient present with dysphagia of 4 weeks duration. Now he is able to swallow liquid food only. Which of the following is the one investigation to be done:

a. Barium studies are the best to be done (PGI June 2000)
b. Upper GI endoscopy is to be done
c. CT scan is needed
d. Esophageal manometry

Ref: Harrison's 18/e p2424, 2428

7. Dysphagia lusoria is due to: (AIIMS Nov 03)

a. Oesophageal diverticulum
b. Aneurysm of aorta
c. Oesophageal web
d. Compression by aberrant blood vessel

Ref: Harrison's 18/e p2430

8. Non progressive contraction of Esophagus are: (AI 2009)

a. Primary
b. Secondary
c. Tertiary
d. Quaternary

Ref: Internet

9. True about achalasia cardia is (select two best options):

a. Dysphagia is a presenting symptom (PGI June 02)
b. The cause is the absence of Auerbach's plexus
c. Esophagectomy is the treatment
d. Motility-improving agents are used in treatment
e. Barium swallow shows irregular filling defect in lower esophagus

Ref: Harrison's 18/e p2430, 2432, 17/e p1849

10. In achalasia cardia, true is: (PGI June 2000)

a. Pressure at distal end increased with no peristalsis
b. Low pressure at LES with no peristalsis
c. Pressure > 50 mmHg with peristalsis
d. Pressure at the distal end increased with normal relaxation

Ref: Harrison's 18/e p2430, 2431 17/e p1849, 1850

11. A young patient presents with history of dysphagia more to liquid than solids. The first investigation you will do is:

a. Barium swallow (AIIMS June 03)
b. Esophagoscopy
c. Ultrasound of the chest
d. c.T. scan of the chest

Ref: Harrison's 18/e p2428

12. Diffuse esophageal spasm is best diagnosed by: (AI 2008)

a. Endoscopy
b. Manometry
c. Barium swallow
d. CT

Ref: Harrison's 18/e p2428

13. Corkscrew esophagus is seen in which of the following conditions? (AI 2002)

a. Carcinoma esophagus
b. Scleroderma
c. Achalasia cardia
d. Diffuse esophageal spasm

Ref: Harrison's 18/e p2432

14. A male aged 60 years has foul breath; He regurgitates food that is eaten 3 days ago. A gurgling sound is often heard on swallowing; Likely diagnosis is: (AI 2001)

a. Zenkers diverticulum
b. Meckels diverticulum
c. Scleroderma
d. Achalasia cardia

Ref: Harrison's 18/e p2429

Ans.	1. b. Multiple...	2. d. Lower...	3. c. Achalasia...	4. c and d
	5. b. Endoscopy	6. b. Upper GI...	7. d. Compression...	8. c. Tertiary
	9. a and b	10. a. Pressure at distal...	11. a. Barium swallow...	12. b. Manometry...
	13. d. Diffuse...	14. a. Zenkers		

15. All of the following statements about Zenker's diverticulum are true except: (AI 2009)

- a. Acquired diverticulum
- b. Lateral X-rays on Barium swallow are often diagnostic
- c. False Diverticulum
- d. Out pouching of the anterior pharyngeal wall, just above the cricopharyngeus muscle. *Ref: Harrison's 18/e p2429*

16. Barret's esophagus is diagnosed by: (AIIMS Nov 06)

- a. Squamous metaplasia
- b. Intestinal metaplasia
- c. Squamous dysplasia
- d. Intestinal dysplasia

Ref: Harrison's 18/e p2434, 17/e p1852

17. All of the following are true about Barret's esophagus, except: (PGI June 03)

- a. Consequence of prolonged GER
- b. It is premalignant
- c. Lower oesophageal mucosa is replaced by intestinal type of epithelium
- d. Associated with oesophageal varices
- e. Predisposes to adenocarcinoma

Ref: Harrison's 18/e p2434, 17/e p1852

18. False about Barret's Esophagus is: (PGI Dec 03)

- a. Premalignant conditions
- b. Can be diagnosed by seeing under endoscope
- c. Biopsy is necessary to confirm diagnosis
- d. Stricture may be present in high esophagus
- e. None *Ref: Harrison's 18/e p2434*

19. Barret's esophagus is commonly associated with one of the following: (AIIMS May 06)

- a. Adenocarcinoma
- b. Squamous cell carcinoma
- c. Sarcoma
- d. Gastrointestinal stromal tumor

Ref: Harrison's 18/e p2434, 17/e p1852-53

20. Which of the following statements about Mallory Weiss Syndrome are true: (PGI 2009)

- a. Presents with hemoptysis
- b. Shows transmural rupture
- c. Chest pain and shortness of breath
- d. Shows mucosal tear

Ref: Harrison's 18/e p2436, 17/e p1854, 2416

21. Most common site for squamous cell carcinoma esophagus is: (AI 01)

- a. Upper third
- b. Middle third
- c. Lower third
- d. Gastro-esophageal junction

Ref: Internet, Harrison's 18/e p764

22. The most common site of esophageal adenocarcinoma is: (AIIMS Nov 96, June 2000)

- a. Upper 1/3rd
- b. Middle 1/3rd
- c. Lower 1/3rd
- d. Upper 2/3rd

Ref: Internet, Harrison's 18/e p764

23. The commonest site of carcinoma esophagus in India is:

- a. Upper 1/3rd *(AIIMS Nov 03)*
- b. Middle 1/3rd
- c. Lower 1/3rd
- d. GE Junction *Ref: Harrison's 18/e p764*

24. The adenocarcinoma of esophagus-develops in: (AI 2002)

- a. Barret's esophagus
- b. Long standing achalasia
- c. Corrosive structure
- d. Alcohol abuse

Ref: Harrison's 18/e p764, 2430 17/e p571

25. All of the following statements about Esophageal carcinoma are true, except: (PGI June 98, Dec 03)

- a. More common in Men
- b. Adenocarcinoma is on rise
- c. Most common in elderly
- d. Dysphagia is most common symptom
- e. Pernicious anemia is a risk factor

Ref: Harrison's 18/e p2430, 269

26. The commonest side effect of cisplatin in a patient using it for esophageal carcinoma is: (AIIMS May 01)

- a. Acute tubular necrosis
- b. Thrombocytopenia
- c. Hepatic failure
- d. Cardiomyopathy

Ref: Internet

27. A patient on treatment with ketoconazole for a fungal disease develops Gastroesophageal Reflux Disease (GERD). Which of the following drugs should not be prescribed to him: (AI 2012)

- a. Cisapride
- b. Itopride
- c. Metoclopramide
- d. Domperidone

Ref: Harrison's 18/e p46

B. STOMACH AND DUODENUM

28. Stress ulcers seen in burns are: (PGI Dec 2000)

- a. Curling's ulcer
- b. Cushing's ulcer
- c. Meleney's ulcer
- d. Rodent ulcer

Ref: Harrison's 18/e p2457, 17/e p1869

29. Helicobacter pylori is not associated with: (AIIMS Nov 03)

- a. Gastrointestinal lymphoma
- b. Gastric cancer
- c. Gastric leiomyoma
- d. Peptic ulcer

Ref: Harrison's 18/e p2442-43, 17/e p1858-59

30. Endoscopic biopsy from a case of H.pylori related duodenal ulcer is most likely to reveal: (AIIMS Nov 04)

- a. Antral predominant gastritis
- b. Multifocal atrophic gastritis
- c. Acute erosive gastritis
- d. Gastric atrophy

Ref: Harrison's 18/e p1262, 17/e p946-47

Ans.	15. d. Out pouching...	16. b. Intestinal metaplasia	17. d. Associated with...	18. e. None
	19. a. Adenocarcinoma	20. d. Shows mucosal tear	21. b. Middle third	22. b. Middle 1/3rd
	23. b. Middle 1/3rd	24. a. Barret's esophagus	25. e. Pernicious...	26. a. Acute tubular necrosis
	27. a. Cisapride	28. a. Curling's ulcer	29. c. Gastric leiomyoma	30. a. Antral

31. Which of the following is False regarding H.Pylori infection:
(AIIMS June 2000)

- a. With chronic infection urease breath test become negative
- b. H.Pylori infection remain lifelong if untreated
- c. Endoscopy is diagnostic
- d. Toxigenic strains usually causes ulcer

Ref: Harrison's 18/e p1262-63, 2442, 17/e p946-47, 1858

32. A patient with H. Pylori infection is treated with drugs. The best method to detect presence of residual H.Pylori infection in this person is:
(AI 2007)

- a. Rapid unerase test
- b. Urea breath test
- c. Endoscopy and biopsy
- d. Serum anti H.Pylori titre

Ref: Harrison's 18/e p2446, 17/e p947

33. Which of the following statements about peptic ulcer disease is true:
(AIIMS May 03)

- a. Helicobacter pylori eradication increases the likelihood of occurrence of complications.
- b. The incidence of complications has remained unchanged
- c. The incidence of Helicobacter pylori reinfection in India is very low.
- d. Helicobacter pylori eradication does not alter the recurrence ratio.

34. All of the following drugs are commonly used in regimens against H. pylori except:
(AI 2008)

- a. Oxytetracycline
- b. Amoxicillin
- c. Bismuth Subsalicylate
- d. Omeprazole

Ref: Harrison's 18/e p2449

35. The most common site of a benign (peptic) gastric ulcer is:
(AIIMS June 04)

- a. Upper third of lesser curvature
- b. Greater curvature
- c. Pyloric antrum
- d. Lesser curvature near incisura angularis

Ref: Harrison's 18/e p2444-46

36. Artery to bleed in duodenal ulcer haemorrhage:
(AIIMS June 04)

- a. Splenic artery
- b. Gastroduodenal artery
- c. Left gastric artery
- d. Superior mesenteric artery

Ref: Internet

37. A posteriorly perforating ulcer in the pyloric antrum of the stomach is most likely to produce initial localized peritonitis or abscess formation in the following: (AI 2003)

- a. Omental bursa (lesser sac)
- b. Greater sac
- c. Right subphrenic space
- d. Hepato renal space (pouch of Morison)

Ref: Gray's 40/e p1107

38. All of the following are true regarding a patient with acid peptic disease except:
(AI 2001)

- a. Misoprostol is the drug of choice in patients on NSAIDS
- b. DU is preventable by the use of single night time H2

blockers

- c. Omeprazole may help ulcers refractory to H2 blockers
- d. Misoprostol is DOC in pregnant patients

Ref: Harrison's 18/e p2449

39. Patient presents with recurrent duodenal ulcer of 2.5 cm size; procedure of choice:
(AI 2001)

- a. Truncal vagotomy and antrectomy
- b. Truncal vagotomy and gastrojejunostomy
- c. Highly selective vagotomy
- d. Laparoscopic vagotomy and gastrojejunostomy

Ref: Harrison's 18/e p2452-53

40. The lowest recurrence of peptic ulcer is associated with:
(AI 2002)

- a. Gastric resection
- b. Vagotomy + drainage
- c. Vagotomy + Antrectomy
- d. Highly selective vagotomy

Ref: Harrison's 18/e p2453

41. All are true regarding Early Post-cibal syndrome, except:
(AI 2000)

- a. Distension of abdomen
- b. Managed conservatively
- c. Hypermotility of intestine is common
- d. Surgery is usually indicated

Ref: Harrison's 18/e p2452

42. In gastric outlet obstruction in a peptic ulcer patient, the site of obstruction is most likely to be:
(AI 2002)

- a. Antrum
- b. Duodenum
- c. Pylorus
- d. Pyloric canal

Ref: Harrison's 18/e p240

43. What is the most characteristic of congenital hypertrophic pyloric stenosis:
(AI 2003)

- a. Affects the first born female child
- b. The pyloric tumour is best felt during feeding
- c. The patient is commonly marasmic
- d. Loss of appetite occurs early

44. What is true regarding congenital hypertrophic pyloric stenosis:
(AI 2001)

- a. More common in girls
- b. Hypochloremic alkalosis
- c. Hellers myotomy is the procedure of choice.
- d. Most often manifests at birth

45. In a case of hypertrophic pyloric stenosis, the metabolic disturbance is:
(AI 2002)

- a. Respiratory alkalosis
- b. Metabolic acidosis
- c. Metabolic alkalosis with paradoxical aciduria
- d. Metabolic alkalosis with alkaline urine

Ref: Internet

46. Patient with pyloric stenosis secondary to peptic ulcer, complains of profuse vomiting and Na⁺ - 125meq/L, K⁺ --> 2.3 meq/L and Cl⁻ --> 85 meq/L, BE-8meq/L should be given:
(AIIMS June 2000)

- a. Half normal saline
- b. Normal saline
- c. K⁺ bolus
- d. Hypertonic saline

Ref: Internet

Ans.	31. a. With chronic...	32. b. Urea breath test	33. b. The incidence of...	34. b. Amoxicillin
	35. d. Lesser curvature...	36. b. Gastroduodenal artery	37. a. Omental bursa	38. d. Misoprostol is
	39. a. Truncal vagotomy...	40. c. Vagotomy...	41. d. Surgery is...	42. b. Duodenum
	43. b. The pyloric ...	44. b. Hypochloremic...	45. c. Metabolic alkalosis...	46. b. Normal saline

47. Risk factor for development of gastric Ca: (AI 2002)
 a. Blood group O
 b. Duodenal ulcer
 c. Intestinal hyperplasia
 d. Intestinal metaplasia type III
Ref: Harrison's 18/e p765-66, 17/e p572, Robbins 7/e 823
48. Risk factor for carcinoma stomach include all of the following, except: (PGI June 2000)
 a. Blood group A
 b. Atrophic Gastritis
 c. Duodenal Peptic ulcer
 d. Partial Gastrectomy *Ref: Harrison's 18/e p766, 17/e p572*
49. Which one of the following is the most significant risk factor for development of gastric carcinoma? (AI 2006)
 a. Paneth cell metaplasia
 b. Pyloric metaplasia
 c. Intestinal metaplasia
 d. Ciliated metaplasia *Ref: Harrison's 18/e p766*
50. When carcinoma of stomach develops secondarily to pernicious anemia, it is usually situated in the: (AI 2006)
 a. Prepyloric region
 b. Pylorus
 c. Body
 d. Fundus *Ref: Harrison's 18/e p766*
51. All the following indicates early gastric cancer except: (AI 2002)
 a. Involvement of mucosa
 b. Involvement of mucosa and submucosa
 c. Involvement of mucosa, submucosa and muscularis
 d. Involvement of mucosa, submucosa and adjacent lymph nodes *Ref: Harrison's 18/e p765, 766, 17/e p571-72*
52. An adult presented with hematemesis and upper abdominal pain. Endoscopy revealed a growth at the pyloric antrum of the stomach. CT scan showed growth involving the pyloric antrum without infiltration or invasion into surrounding structures and no evidence of distant metastasis. At Laparotomy neoplastic growth was observed to involve the posterior wall of stomach and the pancreas extending 6cm upto tail of pancreas. What will be the most appropriate surgical management: (AI 2010)
 a. Closure of the abdomen
 b. Antrectomy and vagotomy
 c. Partial Gastrectomy + Distal pancreatectomy
 d. Partial Gastrectomy + Distal pancreatectomy + splenectomy
Ref: Harrison's 18/e p767
53. Which of the following is not a malabsorption syndrome: (DNB June 2009)
 a. Whipple's disease
 b. Coeliac disease
 c. Tropical sprue
 d. Tangier's disease *Ref: Harrison's 18/e p2460, 2476*
54. Non absorption of fat soluble vitamins is due to: (DNB 2009)
 a. Steatorrhea
 b. Pancreatic endocrine insufficiency
 c. Both
 d. None *Ref: Harrison's 18/e p2460*
55. Test for assessment of mucosal function of GIT: (AI 2009)
 a. D-xylose test
 b. Small bowel study
 c. Biopsy
 d. Schilling test *Ref: Harrison's 18/e p2467, 17/e p1878*
56. A 41 year old patient presented with chronic diarrhoea for 3 months. A d-xylose absorption test was ordered to look for: (AIIMS Nov 02)
 a. Carbohydrate malabsorption due to mucosal disease
 b. Carbohydrate malabsorption due to chronic pancreatitis
 c. Fat malabsorption due to mucosal disease
 d. Fat malabsorption due to chronic pancreatitis
Ref: Harrison's 18/e p2465
57. A d-xylose test was requested on a patient with history of long standing steatorrhea '5' hour urine sample showed <4.0 gm excretion after giving 25 gm of d-xylose. The most likely diagnosis is: (PGI 09)
 a. Chronic Pancreatitis
 b. Bacterial overgrowth syndrome
 c. Ileal disease
 d. Celiac sprue
 e. Intestinal Lymphangiectasia
Ref: Harrison's 18/e p2470-71
58. Cause of False positive D-xylose test include all of the following, except: (PGI 01)
 a. Bacterial overgrowth
 b. Renal failure
 c. Ascitis
 d. Celiac sprue
 e. Blind loopsyndrome *Ref: Harrison's 18/e p2470-71*
59. False positive D-xylose test may be seen in: (PGI June 01)
 a. Blind loopsyndrome
 b. Ascitis
 c. Antibiotic therapy
 d. Pyloric stenosis
 e. All of the above *Ref: Harrison's 18/e p2467*
60. Which of the following statements about Schilling's test are true: (PGI 2009)
 a. Abnormal in pernicious anemia
 b. Normal in bacterial overgrowth syndrome
 c. Abnormal in ileal disease
 d. Normal in chronic pancreatitis
Ref: Harrison's 18/e p2467, 17/e p1878
61. A 12 year old girl has history of recurrent bulky stools and abdominal pain since 3 year of age. She has moderate pallor and her weight and height are below the 3rd percentile. Which of the following is the most appropriate investigation to make a specific diagnosis? (AI India/AIIMS)

C. MALABSORPTION SYNDROME AND DISORDERS OF SMALL INTESTINE

Ans.	47. d. Intestinal...	48. c. Duodenal...	49. c. Intestinal	50. c and d
	51. c. Involvement...	52. c. Partial...	53. d. Tangier's disease	54. a. Steatorrhea
	55. a. D-xylose test	56. a. Carbohydrate	57. d. Celiac sprue	58. d. Celiac sprue
	59. e. All	60. c. Abnormal in ileal disease		

- a. Small intestinal biopsy
b. Barium studies
c. 24-hr- fecal fat estimation
d. Urinary d-xylose test
Ref: Harrison's 18/e p2468-69, 17/e p1879-80
62. A 30 year old lady presents with features of malabsorption and iron deficiency anaemia. Duodenal biopsy shows complete villous atrophy. Which of the following antibodies is likely to be present: (AIIMS Nov 05)
a. Antiendomysial antibodies
b. Anti-goblet cell antibodies
c. Anti-saccharomyces cerevisiae antibodies
d. Antineutrophil cytoplasmic antibodies
Ref: Harrison's 18/e p2470-71, 17/e p1881
63. 30 year male with chronic diarrhoea, anemia, raised liver enzymes. Most likely associated with: (AIIMS May 07)
a. Antimitochondrial antibody
b. Anti-endomysial antibody
c. Anti-smooth muscle antibody
d. Antinuclear antibody
Ref: Harrison's 18/e p2470-71, 17/e p1881
64. A patient presents with chronic small bowel diarrhea, duodenal biopsy shows villous atrophy. Anti endomysial antibodies and IgA TTG antibodies are positive. What is the treatment of choice? (AI 2007)
a. Gluten free diet
b. Antibiotics
c. Loperamide
d. 5-ASA *Ref: Harrison's 18/e p2469-70-71; 17/e p1880-81*
65. Which of the following circulating antibodies has the best sensitivity and specificity for the diagnosis of celiac disease? (AIIMS May 06)
a. Anti-endomysial antibody
b. Anti-tissue transglutaminase antibody
c. Anti-gliadin antibody
d. Anti-reticulin antibody
Ref: Harrison's 18/e p2470-2471, 17/e p1881
66. The histological features of coeliac disease include all of the following, except: (AI 2002)
a. Crypt hyperplasia
b. Increase in thickness of the mucosa
c. Increase in intraepithelial lymphocytes
d. Increase in inflammatory cells in lamina propria
Ref: Harrison's 18/e p2470, 17/e p1881
67. Biopsy findings of celiac disease all of the following, except (Select two best options): (PGI 09)
a. Crypt hyperplasia
b. Villous atrophy
c. Mucosal atrophy
d. Intraepithelial lymphocytes
e. Presence of Giardia lamblia
Ref: Harrison's 18/e p2471, 17/e p1881
68. Proved association of celiac sprue is with: (PGI Dec 2000)
a. Dermatitis herpetiformis
b. Scleroderma
c. Pemphigus
d. Pemphoid *Ref: Harrison's 18/e p2471, 17/e p1881*
69. Celiac disease associated with: (PGI Dec 06)
a. Dermatitis herpetiformis
b. Type I DM
c. Lymphoma
d. Atrophic gastritis
e. All of the above
Ref: Harrison's 18/e p2470-71, 17/e p1881
70. Celiac sprue diagnosed by (select two options): (PGI Dec 02)
a. Intestinal biopsy
b. Unequivocal response to gluten restriction
c. Finding of organism
d. Improvement on dapsone treatment
e. H/O fat malabsorption
Ref: Harrison's 18/e p2470-71, 17/e p1881
71. Which of the following grains can be used safely in patients with celiac sprue: (PGI Dec 01)
a. Rice
b. Wheat
c. Rye
d. Barley
Ref: Harrison's 18/e p2471
72. What a patient with gluten hypersensitivity can consume (select two best options): (PGI Dec 06)
a. Rice
b. Barley
c. Oat
d. Corn
e. Rye
Ref: Harrison's 18/e p2471
73. Which of the following vitamin deficiencies is uncommon in celiac disease: (DNB Dec 2009)
a. Vitamin D
b. Folic Acid
c. Vitamin A
d. Vitamin B12
Ref: Harrison's 18/e p2472
74. In which of the following conditions of malabsorption, an intestinal biopsy is diagnostic: (AIIMS May 05)
a. Celiac disease
b. Tropical sprue
c. Whipple's disease
d. Lactose intolerance
Ref: Harrison's 18/e p2470, 2474 17/e p1880
75. Macrophages containing large quantities of undigested and partial digested bacteria in intestine are seen in: (AI 2002)
a. Whipple's disease
b. Amyloidosis
c. Immunoaproliferative small intestinal disease
d. Vibrio cholerae infection
Ref: Harrison's 18/e p2474-75

Ans.	61. a. Small intestinal ...	62. a. Antiendomysial	63. b. Anti-endomysial...	64. a. Gluten free diet
	65. a. Anti-endomysial...	66. b. Increase...	67. c and e	68. a. Dermatitis
	69. e. All	70. a and b	71. a. Rice	72. a and d
	73. a and d	74. c. Whipple's disease	75. a. Whipple's disease	

76. Histopathological findings in Whipple's disease include all of the following except: (AI 2008)

- Marked increase in the number of macrophages in the mucosa
- Marked increase in the number of intraepithelial lymphocytes
- Dilatation of Lymphatics in the mucosa
- Lipid deposition in the mucosa

Ref: Harrison's 18/e p2471

77. Which of the following parasitic infestation can lead to malabsorption syndrome? (AI 06)

- Amoebiasis
- Ascariasis
- Hookworm infestation
- Giardiasis

Ref: Internet

78. The short bowel syndrome is characterized by all of the following except: (AI 2004)

- Diarrhea
- Hypogastrinemia
- Weight loss
- Steatorrhea

Ref: Harrison's 18/e p2472-73, 17/e p1882-83

79. Deficiency of which of the following vitamin is most commonly seen in short bowel syndrome with ileal resection: (AI 2012)

- Vitamin B12 (Cyanocobalamine)
- Vitamin B1 (Thiamine)
- Folic Acid
- Vitamin K

Ref: Harrison's 18/e p2472-73

80. Which of the following vitamin deficiencies is most commonly seen in short bowel syndrome: (AI 2012)

- Vitamin B12
- Biotin
- Vitamin B1
- Vitamin K

Ref: Harrison's 18/e p2472-73

81. "Intestinal angina" is a symptom complex of the following: (AIIMS May 06)

- Postprandial abdominal pain, weight loss, acute mesenteric vessel occlusion
- Postprandial abdominal pain, weight loss, chronic mesenteric vessel occlusion
- Pre-prandial abdominal pain, weight loss, chronic mesenteric vessel occlusion
- Pre-prandial abdominal pain, weight gain acute mesenteric vessel occlusion

Ref: Harrison's 17/e p1911

D. INFLAMMATORY BOWEL DISEASE

82. A 25 year old male presents with a history of chronic diarrhea. Pathological examination reveals cryptitis and crypt abscesses. The likely diagnosis is: (AI 2008)

- Crohn's disease
- Ulcerative colitis

c. Giardiasis

d. Microscopic colitis Ref: Harrison's 18/e p2480, 83

83. Pseudopolyps are typically seen in: (DNB Dec 2009)

- Crohn's disease
- Ulcerative colitis
- Celiac disease
- Tropical sprue

Ref: Harrison's 18/e p2480-81

84. A 41 year old male patient presented with recurrent episodes of bloody diarrhea and mucus for 5 years. Despite regular treatment with adequate doses of sulfasalazine, he has had several exacerbations of his disease and required several weeks of steroids for the control for flares. What should be the next line of treatment for him? (AIIMS Nov 03)

- Methotrexate
- Azathioprine
- Cyclosporine
- Cyclophosphamide

Ref: Harrison's 18/e p2490, 17/e p1896

85. A patient gives chronic history of Diarrhoea and blood in stool presents with multiple fistulae in the perineum and multiple stricture in small intestine. The diagnosis is:

- Crohn's disease (AIIMS June 2000)
- Radiation enteritis
- Ulcerative Colitis
- Ischemic bowel disease

Ref: Harrison's 18/e p2483, 86, 17/e p1890,92

86. The presence of anti-Saccharomyces cerevisiae antibody is a surrogate marker of one of the following: (AI 2006)

- Celiac disease
- Crohn's disease
- Ulcerative colitis
- Tropical sprue

Ref: Harrison's 18/e p2483, 2486 17/e p1890, 92

87. Crohn's disease may be caused by which one of the following infectious agents: (AI 2008)

- Clostridium difficile
- Mycobacterium paratuberculosis
- Cytomegalo virus (CMV)
- Mycoplasma

Ref: Harrison's 18/e p2480-82, 17/e p1887

88. Extraintestinal manifestations of Inflammatory bowel disease include all of the following, except: (PGI June 05)

- Uveitis
- Sclerosing cholangitis
- Osteoarthritis
- Skin nodules

Ref: Harrison's 18/e p2487-88, 17/e p1893-94

89. A 25 years women presents with bloody diarrhea and is diagnosed as a case of Ulcerative colitis. Which of the following condition is not associated: (AI 2002)

- Sclerosing cholangitis
- Iritis
- Ankylosing spondylitis
- Pancreatitis

Ref: Harrison's 18/e p2487-88, 17/e p1893-94

Ans.	76. b. Marked increase...	77. d. Giardiasis	78. b. Hypogastrinemia...	79. a. Vitamin B12...
	80. a. Vitamin B12...	81. b. Postprandial ...	82. a and b	83. b. Ulcerative colitis...
	84. b. Azathioprine	85. a. Crohn's disease.	86. b. Crohn's disease	87. a. Clostridium difficile
	88. c. Osteoarthritis	89. d. Pancreatitis		

E. COLONIC DISORDERS

90. Which one of the following is not a feature of irritable bowel syndrome? (AIIMS May 05)

- Abdominal pain
- Constipation
- Rectal bleeding
- Bloating

Ref: Harrison's 18/e p2496-97, 17/e p1899-1900

91. A young girl presents with abdominal pain and a recent change in bowel habit, with passage of mucus in stool. There is no associated blood in stool and symptoms are increased with stress. The most likely diagnosis is: (AI 2010)

- Irritable bowel syndrome
- Ulcerative Colitis
- Crohn's disease
- Amoebiasis

Ref: Harrison's 18/e p2496-97, 17/e p1899, 1900

92. Which of the following drugs is used for Irritable Bowel Syndrome of the constipating type: (AI 2012)

- Lubiprostone
- Cholestyramine
- Alosetron
- Rifaximin

Ref: Harrison's 18/e p2500-01

93. Which of the following organism does not cause invasive diarrhea: (DNB June 2009)

- Bacillus cereus
- Aeromonas sp
- Rota virus
- Shigella

Ref: Harrison's 18/e p311, 17/e p248

94. Secretory Diarrhea is caused by all of the following, except: (PGI June 07)

- Cholera
- Laxatives
- Excess phenolphthalein intake
- Clostridium difficile

Ref: Harrison's 18/e p3111-12, 17/e p249

95. Features of secretory diarrhea include all of the following, except: (AI 2009)

- Stool volume > 1D / day
- Normal osmotic anion gap
- Reduces with fasting
- Painless

Ref: Harrison's 18/e p312, 17/e p249

96. Indications for use of antibiotics in acute diarrhea include (select three options): (PGI June 07)

- Febrile dysentery with fever ≥ 38.5
- Immunocompromised patient
- Elderly patient
- Dehydration

Ref: Harrison's 18/e p312, 17/e p248-49

97. A 14-year-old girl with history of prolonged fever and abdominal discomfort is observed to have splenomegaly

and leucopenia. In the course of the disease she develops acute abdominal event and died. Which of the following is the likely finding on autopsy: (AI 2012)

- Transverse ulcers
- Longitudinal ulcers
- Pinpoint ulcers
- Pseudopolyps

Ref: Harrison's 18/e p1276

98. A patient present with lower gastrointestinal bleed. Sigmoidoscopy shows ulcers in the sigmoid. Biopsy from this area shows flask-shaped ulcers. Which of the following is the most appropriate treatment: (AIIMS Nov 05)

- Intravenous ceftriaxone
- Intravenous metronidazole
- Intravenous steroids and sulphasalazine
- Hydrocortisone enemas

Ref: Harrison's 18/e p1686, 17/e p1278

99. Investigation of choice for invasive amoebiasis is: (AI 02)

- Indirect hemagglutination
- ELISA
- Counter immune electrophoresis
- Microscopy

Ref: Harrison's 18/e p1685

100. Features of Typhoid Ulcers include all of the following except:

- Bleeding
- Perforation
- Stricture and obstruction
- Longitudinal orientation

101. A patient with leukemia on chemotherapy develops acute right lower abdominal pain associated with anemia, thrombocytopenia and leukopenia. Which of following is the clinical diagnosis? (AI 2006)

- Appendicitis
- Leukemic colitis
- Perforation peritonitis
- Neutropenic colitis

Ref: Harrison's 18/e p2276

102. Strong correlation with colorectal cancer is seen in: (AI 2003)

- Peutz-Jegher's polyp
- Familial polyposis coli
- Juvenile polyposis
- Hyperplastic polyp

Ref: Harrison's 18/e p768, 769, 7770 17/e p574, 575

103. Which of the following colonic polyps is not premalignant? (AI 2006)

- Juvenile polyps
- Hamartomatous polyps associated with Peutz-Jeghers Syndrome
- Villous adenomas
- Tubular adenomas

Ref: Internet

104. Which one of the following conditions commonly predisposes to Colonic carcinoma? (AI 2005)

- Ulcerative colitis
- Crohn's disease
- Diverticular disease
- Ischaemic colitis

Ref: Harrison's 18/e p2480-83

Ans.	90. c. Rectal bleeding	91. a. Irritable bowel...	92. a. Lubiprostone	93. a. Bacillus cereus
	94. d. Clostridium difficile	95. c. Reduces with fasting	96. a, b and c	97. b. Longitudinal ulcers
	98. b. Intravenous...	99. b. ELISA	100. c. Stricture ...	101. d. Neutropenic colitis
	102. b. Familial...	103. a. Juvenile polyps	104. a. Ulcerative colitis..	

105. A 25-year old male had pigmented macules over the palm, sole and oral mucosa. He also had anemia and pain in abdomen. The most probable diagnosis is: (AIIMS May 05)

- Albright's syndrome
- Cushing's syndrome
- Peutz-Jegher's syndrome
- Incontinentia pigmenti

Ref: Harrison's 18/e p412

106. A patient presents with malena, hyperpigmentation over lips, oral mucosa and skin; and his sister is also having similar complaints. The diagnosis is: (AI 2000)

- Peutz Jegher's Syndrome
- Familial Adenomatous Polyposis
- Gardner's Syndrome
- Villous Adenoma

Ref: Harrison's 18/e p769

107. A girl presents with complaints of malena. On examination there are pigmented lesions involving her mouth and lips. Two of her sisters also had similar complaints. Which of the following is the most probable diagnosis: (AIIMS Nov 2000)

- Kornkrite Canada syndrome
- Puetz Jegher's syndrome
- Gardner's syndrome
- Turcot's syndrome

Ref: Harrison's 18/e p769

108. Most important prognostic factor for colorectal carcinoma is: (AI 2009)

- Site of lesion
- Stage of lesion
- Age of patient
- Lymph node status

Ref: Harrison's 18/e p771

109. After undergoing surgery, for Carcinoma of colon a patient developed single liver metastasis of 2cm. What you do next: (AI 2002)

- Resection
- Chemo radiation
- Acetic acid injection
- Radio frequency ablation

Ref: Harrison's 18/e p774, 17/e p578

110. A 50-year old male, working as a hotel cook, has four dependent family members. He has been diagnosed with an early stage squamous cell cancer of anal canal. He has more than 60% chances of cure. The best treatment option is: (AI 2003)

- Abdomino-perineal resection
- Combined surgery and radiotherapy
- Combined chemotherapy and radiotherapy
- Chemotherapy alone

Ref: Harrison's 18/e p776

111. All of the following genes may be involved in development of carcinoma of colon except: (AI 2009)

- APC
- Beta - Catenin
- K-ras
- Mismatch Repair Genes

Ref: Robbin's 8/e p822-823

112. Based on Epidemiological studies, which of the following has been found to be most protective against Carcinoma Colon: (AI 2009)

- High fiber diet
- Low fat diet
- Low selenium diet
- Low protein diet

Ref: Internet

F. PANCREATIC DISORDERS

113. Raised serum amylase levels are used to diagnose:

- Autoimmune disease (AIIMS May 04)
- Degenerative diseases
- Acute cholecystitis
- Acute pancreatitis

Ref: Harrison's 18/e p2636, 17/e p2002, 2008

114. Which of the following is not a prognostic factor for Acute Pancreatitis: (AIIMS Nov 06)

- Serum Amylase
- Serum Calcium
- Serum Glucose
- Serum AST

Ref: Harrison's 18/e p2636, 2637 17/e p2008

115. Which one is not the bad prognostic sign for pancreatitis:

- TLC > 16000 (AIIMS June 2000)
- Calcium less than 8 mmom/L
- Glucose > 200mg%
- Prothrombin > 2 times the control

Ref: Harrison's 18/e p2637

116. Monu, a 30 year old male, a chronic alcoholic presents with sudden onset of epigastric pain that radiates to the back. All are seen except: (AIIMS June 01)

- Low serum lipase
- Increased LDH
- Hypocalcemia
- Increased serum amylase

Ref: Harrison's 18/e p2636, 2637

117. The most specific laboratory test to establish a diagnosis of acute pancreatitis is: (PGI 08)

- Serum amylase
- Serum lipase
- Serum Alkaline phosphatase
- Serum Calcium
- Serum glucose

Ref: Harrison's 18/e p2636-37, 17/e p2008

118. Cause of acute loss of vision in a patient of alcoholic pancreatitis is: (AI 2000)

- Purtscher's retinopathy
- Sudden alcohol withdrawal
- Acute congestive glaucoma
- CRAO

Ref: Harrison's 18/e p2642

119. Which of the following types of pancreatitis has the best prognosis? (AI 2004)

- Alcoholic pancreatitis
- Gall stone pancreatitis
- Post operative pancreatitis
- Idiopathic pancreatitis

Ans. 105. c. Peutz-Jegher's...	106. a. Peutz-Jegher's...	107. b. Peutz-Jegher's...	108. b. Stage of lesion
109. a. Resection	110. c. Combined...	111. None	112. a. High fiber diet
113. d. Acute pancreatitis	114. a. Serum Amylase...	115. d. Prothrombin...	116. a. Low serum lipase
117. b. Serum lipase	118. a. Purtscher's retinopathy	119. b. Gall stone pancreatitis	

120. Medical treatment of pancreatitis includes: (AIIMS May 04)
- Cholestyramine
 - Aprotinin
 - Calcium
 - Glucagon *Ref: Harrison's 18/e p2640, 17/e p2009, 2010*
121. The triad originally described by Zollinger Ellison syndrome is characterized by: (AI 2002)
- Peptic ulceration, gastric hypersecretion, non beta cell tumour
 - Peptic ulceration, gastric hypersecretion, beta cell tumour
 - Peptic ulceration, achlorhydria, non beta cell tumour
 - Peptic ulceration, achlorhydria, beta cell tumour
122. Treatment of choice for ZES: (AI 2007)
- PPI
 - Somatostatin analogues
 - Streptozocin
 - Sucralfate *Ref: Harrison's 18/e p2456, 17/e p1868*
123. Gold standard test for diagnosis of Insulinoma is: (AI 2009)
- '72 hour' fast test
 - Plasma Glucose levels < 3 mmol/l
 - Plasma Insulin levels > 6µU/ml
 - C-peptide levels < 50 pmol/e *Ref: Harrison's 18/e p3066, 3067*
124. Which of the following statements about Pancreatic Carcinoma is not true: (AI 2009)
- Mutation in P53 gene is associated in 75% of cases
 - Hereditary Pancreatitis significantly increases the risk
 - Median survival in locally advanced (stage III) disease is 3-6 months
 - Five years survival after curative pancreaticoduodenectomy is 15 - 20%

G. MISCELLANEOUS

125. All of the following about Gastrointestinal Carcinoid tumors are true, except: (AI 2010)
- Small intestine and appendix account for almost 60% of all gastrointestinal carcinoid
 - Rectum is spared
 - 5 year survival for carcinoid tumors is >60%
 - Appendiceal carcinoids are more common in females than males *Ref: Harrison's 18/e p3061, 17/e p2350-51*
126. Which of the following statements about Cystic fibrosis (CF) is not true: (AI 2009)
- Autosomal Recessive Disorder
 - Abnormality in CFTR which leads to defective Calcium Transport
 - Predisposition to pulmonary infection with Pseudomonas
 - Cirrhosis is an established complication of CF *Ref: Harrison's 18/e p2147, 17/e p1632*
127. A seven year old child with recurrent chest infections and exocrine pancreatic insufficiency is suspected of having

cystic fibrosis Sweat chloride levels have been observed between 40-60 mmol/l on two separate occasions. Which of the following test should be performed next to support the diagnosis of Cystic fibrosis: (AI 2009)

- Repeat Sweat chloride levels on a different day
- Demonstrate an abnormal nasal potential difference
- Demonstrate an abnormal F508 mutation by DNA analysis
- Demonstrate an abnormal 72 hour fecal fat collection *Ref: Harrison's 18/e p2149, 17/e p1634*

128. Non invasive diarrhea is caused by: (AI 2009)

- Shigella
- Cereus
- Salmonella
- Y. enterocolitica *Ref: Harrison's 18/e p310, 312*

129. Features of secretory diarrhea include all of the following, except: (AI 2009)

- Stool volume > 1L / day
- Normal osmotic anion gap
- Reduces with fasting
- Painless *Ref: Harrison's 18/e p321, 17/e p249*

130. Which of the following is the commonest cause of lower GI bleed: (PGI Dec 04)

- Angiodysplasia
- Enteric fever
- Diverticulosis
- Colonic polyps
- Hemorrhoids *Ref: Harrison's 18/e p2508, 17/e p259*

131. An elderly patient presents with a prolonged history of weakness and lethargy. On examination he is found to be anemic and stool is positive for occult blood. Which of the following is the investigation of choice: (AI 2010)

- Colonoscopy
- Barium meal
- Barium enema
- CT abdomen *Ref: Harrison's 18/e p2409-10*

132. Massive bleeding per rectum in a 70 yr old patient is due to: (AI 2000)

- Diverticulosis
- Carcinoma colon
- Colitis
- Polyps *Ref: Harrison's 18/e p321, 2502, 2503*

133. A man aged 60 yrs has h/o IHD and atherosclerosis. He presents with abdominal pain and maroon stools: likely diagnosis here is: (AI 2001)

- Acute intestinal obstruction
- Acute mesenteric ischemia
- Peritonitis
- Appendicitis *Ref: Harrison's 18/e p2511*

134. The most common cause of seizures in children with diarrhea is: (DNB 2009)

- Hypokalemia
- Hyperkalemia
- Hyponatremia
- Hypernatremia *Ref: Harrison's 18/e p344, 347*

Ans. 120. c. Calcium...	121. a. Peptic ulceration	122. a. PPI	123. a. '72 hour' fast test
124. c. Median	125. b. Rectum is spared	126. b. Abnormality...	127. b. Demonstrate...
128. b. Cereus	129. c. Reduces	130. e. Hemorrhoids	131. a. Colonoscopy
132. a. Diverticulosis	133. b. Acute mesenteric...	134. c. Hyponatremia...	

135. Hypergastrinemia with hypochlorhydria is seen in:

- a. Zollinger Ellison Syndrome (AI 2002)
- b. VIPoma
- c. Pernicious anemia
- d. Glucagonoma *Ref: Harrison's 18/e p867*

136. All of the following statements about Mucosa Associated Lymphoid Tissue Lymphomas (MALT) are true, except:

- a. Present at extranodal sites (PGI June 05)
- b. Predisposed by H. Pylori infection
- c. Present as stromal polyps
- d. Are sensitive to chemotherapy *Ref: Harrison's 18/e p, 17/e p*

137. The advantage of Bladder drainage over Enteric drainage after Pancreatic Transplantation is better monitoring of:

- a. HBA1C levels (AI 2009)
- b. Amylase levels
- c. Glucose levels
- d. Electrolyte levels *Ref: Harrison's 18/e p928, 17/e p694*

138. Parastomal hernia is most frequently seen with: (AI 2009)

- a. End Colostomy
- b. Loop Colostomy
- c. End Iliostomy
- d. LoopIliostomy *Ref: Internet*

4. RESPIRATORY SYSTEM

- A. Disturbance in Respiratory Functions and Respiratory Failure
- B. Obstructive/Restrictive Pulmonary Diseases, Pulmonary Function Tests
- C. Adult Respiratory Distress Syndrome
- D. Disorders of Pleura
- E. Pneumonias and Tuberculosis
- F. Bronchogenic Tumors
- G. Miscellaneous

RESPIRATORY SYSTEM (QUESTIONS)

A. DISTURBANCE IN RESPIRATORY FUNCTIONS AND RESPIRATORY FAILURE

1. False statement about type I respiratory failure is: (AI 2001)
 - a. Decreased PaO_2
 - b. Decreased PaCO_2
 - c. Normal PaCO_2
 - d. Normal A-a gradient

Ref: Harrison's 18/e p2198, 2199 17/e p1590

2. In type - II respiratory failure, there is: (AIIMS Nov 02)
 - a. Low pO_2 and low pCO_2
 - b. Low pO_2 and high pCO_2
 - c. Normal pO_2 and high pCO_2
 - d. Low pO_2 and normal pCO_2

Ref: Harrison's 18/e p2200, 17/e p1676

3. A patient with salicylic acid poisoning has the following arterial blood gas analysis report: $\text{pH} = 7.12$; $\text{pCO}_2 = 18 \text{ mmHg}$; $\text{HCO}_3 = 12 \text{ mmol/L}$. The resulting acid base abnormality can be best labeled as: (AIIMS Nov 03)
 - a. Metabolic acidosis with compensatory respiratory alkalosis
 - b. Metabolic acidosis with compensatory respiratory alkalosis
 - c. Respiratory acidosis with metabolic alkalosis
 - d. Metabolic acidosis

Ref: Harrison's 18/e p2198, 365 17/e p1590

4. In a patient PO_2 is 85 mmHg, $\text{PCO}_2 = 50 \text{ mmHg}$, pH is 7.2 and HCO_3 is 32 meq/l is suffering from: (AIIMS June 2000)
 - a. Respiratory acidosis with compensatory metabolic alkalosis
 - b. Respiratory acidosis with compensatory metabolic acidosis
 - c. Metabolic acidosis
 - d. Metabolic alkalosis

Ref: Harrison's 18/e p363, 17/e p1590, 288, 289

5. A patient presents with following parameters $\text{pH} 7.5$, $\text{pCO}_2 30 \text{ mmHg}$, $\text{pO}_2 102 \text{ mmHg}$ and $\text{HCO}_3 16 \text{ meq/l}$. Which of the following correctly describes the compensatory mechanism: (AI 2010)
 - a. Respiratory Alkalosis
 - b. Metabolic Alkalosis
 - c. Respiratory Acidosis
 - d. Metabolic Acidosis

Ref: Harrison's 18/e p365

6. The acid base status of a patient reveals a $\text{pH} = 7.46$ and $\text{pCO}_2 = 30 \text{ mmHg}$. The patient has a partially compensated primary: (AI 2011)
 - a. Metabolic acidosis
 - b. Metabolic alkalosis
 - c. Respiratory alkalosis
 - d. Respiratory acidosis

Ref: Harrison's 18/e p365, 363

7. A 10 year old boy with short stature presents with polyuria and polydipsia. Laboratory values reveal a pH of 7.4; HCO_3 of 17; Na^+ 140; pCO_2 32; K^+ 4.9; Cl^- 112. Likely acid base abnormality is: (AIIMS Nov 2010)
 - a. Metabolic Alkalosis
 - b. Non-Anion gap Metabolic Acidosis
 - c. Anion gap Metabolic Acidosis
 - d. Respiratory Acidosis

Ref: Harrison's 18/e p363, 365

8. Blood gas measurements of a patient shows the following values $\text{pH} 7.2$, $\text{pCO}_2 80 \text{ mmHg}$, $\text{pO}_2 46 \text{ mmHg}$. Which of the following could be the most probable diagnosis: (AIIMS Nov 2000)
 - a. Acute asthma
 - b. Acute exacerbation of COPD
 - c. ARDS
 - d. Severe pneumonia

Ref: Harrison's 18/e p365, 2210

9. The blood gas parameters: $\text{pH} 7.58$, $\text{pCO}_2 23 \text{ mmHg}$, $\text{pO}_2 300 \text{ mmHg}$ and oxygen saturation 60% are most consistent with: (AI 03)
 - a. Carbon monoxide poisoning
 - b. Ventilatory malfunction
 - c. Voluntary hyperventilation
 - d. Methyl alcohol poisoning

Ref: Harrison's 18/e p287, 2210

10. Cavernous Respiration is seen in: (DNB 2012)
 - a. Cavity
 - b. Consolidation
 - c. Fibrosis
 - d. Interstitial Inflammation

Ref: Internet

11. Bilateral Rhonchii may be seen in all of the following except: (PGI June 08)
 - a. Pulmonary Edema
 - b. Bronchiectasis
 - c. Pulmonary Embolism
 - d. Emphysema

Ref: Harrison's 18/e p2172-73, 17/e p1584

B. OBSTRUCTIVE/RESTRICTIVE PULMONARY DISEASES, PULMONARY FUNCTION TESTS

12. All of the following are characteristic feature of obstructive pulmonary disease, except: (DNB June 2010)
 - a. Normal Residual Volume
 - b. Decreased FEV1
 - c. Normal Vital Capacity
 - d. Decreased FCV1/FVC

Ref: Harrison's 18/e p2196

13. Pulmonary function changes in acute bronchial asthma in untreated patient: (PGI June 03)
 - a. ↑ ed peak expiratory flow
 - b. ↑ ed TLC
 - c. ↑ ed FVC
 - d. ↑ ed RV
 - e. ↑ ed FEV

Ref: Harrison's 18/e p2155, 2086

Ans.	1. d. Normal A-a gradient	2. b. Low pO_2 and ...	3. a. Metabolic acidosis...	4. a. Respiratory...
	5. d. Metabolic Acidosis	6. c. Respiratory alkalosis	7. b. Non-Anion gap...	8. b. Acute exacerbation
	9. b. Ventilatory.	10. a. Cavity	11. c. Pulmonary Embolism	12. a. Normal Residual ...
	13. e. ↑ ed FEV...			

14. The abnormal preoperative pulmonary function test in a patient with severe kyphoscoliosis includes: (AI 05)

- Reduced RV/TLC
- Reduced FEV1/FVC.
- Reduced FEV25-75
- Increased FRC

Ref: Harrison's 17/e p1588

15. A 28 years old woman having limited cutaneous scleroderma for the last 10 years complains of shortness of breath for last one month. Her pulmonary functions tests (PFT) are as follows:

PFT	Observed	Predicted
FVC	2.63	2.82
FEV1%	88%	80%
DLCO	5.26	16.3

What is the most likely diagnosis in this case? (AI 06)

- Interstitial lung disease
- Pulmonary artery hypertension
- Congestive heart failure
- Bronchiectasis

Ref: Harrison's 18/e p2164

16. A patient presents with decreased vital capacity and total lung volume. What is the most probable diagnosis?

- Bronchiectasis (AI 2007)
- Sarcoidosis
- Cystic fibrosis
- Asthma

Ref: Harrison's 18/e p2088, 2807-08, 17/e p1588, 1589

17. Carbon monoxide diffusion capacity decreases in all, except: (AI 2003)

- Emphysema
- Primary pulmonary hypertension
- Alveolar haemorrhage
- Infiltrative lung disease

Ref: Harrison's 18/e p2092, 17/e p1591, 1592

18. All of the following are true about intrinsic Asthma, except:

- Increasing Incidence (PGI Dec 04)
- Allergic Asthma is more common in young patients
- Idiosyncratic Asthma is more common older patients
- IgE is increased in Idiosyncratic Asthma
- IgE is increased in Extrinsic Asthma

Ref: Harrison's 18/e p2102, 17/e p1596

19. All of the following statements about intrinsic allergic Asthma are true, except: (PGI 2009)

- Nasal polyp
- Normal IgE
- Family history positive
- More aggressive
- Allergic in nature

Ref: Harrison's 18/e p2102, 17/e p1596

20. Bronchial Asthma is characterized by all of the following, except: (PGI June 05)

- Inflammatory disease of airway
- Allergic disease of airway
- Hyporesponsiveness of airway
- Hyperresponsiveness of airway
- Treatment is mostly inhaled steroid

Ref: Harrison's 18/e p2104, 2108, 2111, 17/e p1598, 1601, 1603

21. All of the following are true about Asthma, except:

- Charcot layden crystals may be seen in sputum
- Reversible airflow obstruction is a characteristic feature
- Large airways are involved
- Small airways are not involved
- Intermittent asthma responds better to bronchodilator therapy than persistent Asthma

Ref: Harrison's 18/e p2107

22. True about Asthma except: (PGI 05)

- Inflammatory disease
- Hyperresponsive airways
- Necrosis of airways
- Mucous plug formation
- Airway edema

Ref: Harrison's 18/e p2107, 17/e p1600

23. Feature of Acute severe Asthma include all of the following, except:

- Tachycardia > 120/min
- Pulsus paradoxus
- Respiratory acidosis
- PEFR < 50%
- None

Ref: Harrison's 18/e p2108, 2113

24. In a patient with bronchial asthma silent chest signifies:

- Good Prognosis (DNB 2010)
- Bad Prognosis
- Grave Prognosis
- Not a Prognostic sign

Ref: Harrison's 18/e p2109

25. Universal finding in Asthma is

(PGI June 02)

- Hypoxia
- Hypercarbia
- Respiratory acidosis
- Metabolic Acidosis

Ref: Harrison's 18/e p2109

26. Bronchial Asthma is best diagnosed by:

(PGI Dec 01)

- Wheeze
- Dyspnea and cough
- FEV1 values
- Demonstration of Reversible obstruction
- Normal FEV1

Ref: Harrison's 18/e p2109, 17/e p1602

27. Anti-inflammatory action on airways is seen with (Mark two correct option): (PGI June 05)

- Fluticasone
- Ipratropium bromide
- Budesonide
- Theophylline
- Tebutaline

Ref: Harrison's 18/e p2110

Ans.	14. a. Reduced...	15. a. Intestinal...	16. b. Sarcoidosis	17. c. Alveolar...
	18. d. IgE is...	19. c. Family...	20. c. Hyporesponsiveness...	21. d. Small airways...
	22. c. Necrosis...	23. e. None	24. c. Grave Prognosis	25. a. Hypoxia
	26. c. FEV1 values	27. a and c		

28. All of the following drugs useful in the treatment of a patient with acute bronchial asthma except: (AIIMS Nov 03)
- Ipratropium
 - Salbutamol
 - Montelukast
 - Hydrocortisone
- Ref: Harrison's 18/e p2110, 17/e p1602-1604
29. The most predictive and dangerous side effect of propranolol that makes it to be avoided in known patient of COPD is induction of: (AIIMS Nov 01)
- Respiratory failure
 - Acute asthmatic attack
 - Glaucoma
 - Pleural effusion
- Ref: Harrison's 18/e p121
30. A drug is to be delivered by a nebuliser. The size of a droplet for its humidification is: (AI 2000)
- < 5 μ
 - 5-10
 - 10-15
 - 15-20
- Ref: Harrison's 18/e p2122, 17/e p1612
31. Increased Reid Index is used to characterized: (AI 2012)
- Chronic Bronchitis
 - Bronchiectasis
 - Bronchial Asthma
 - Emphysema
- Ref: Harrison's 18/e p284, 2154
32. All of the following statements about Emphysema are true, except: (PGI Dec 04)
- Breathlessness is the characteristic presenting symptom
 - Diffusion rate of carbon monoxide is reduced
 - Restrictive pattern on pulmonary function test is seen
 - Long term bronchodilator therapy does not improve lung function
- Ref: Harrison's 18/e p2156, 17/e p1640
33. Lung functions in Emphysema reveal all of the following, except: (PGI Dec 01)
- Decreased vital capacity
 - Increased diffusion capacity for carbon monoxide (DLCO)
 - Increased Total Lung capacity
 - Decreased FEV1
 - Decreased FEV1/FVC ratio
- Ref: Harrison's 18/e p2092, 17/e p1592
34. In an emphysematous patient with bullous lesions, which is the best investigation to measure lung volume:
- Body Plethysmography
 - Gas dilution
 - Transdiaphragmatic pressure
 - DLCO
- Ref: Harrison's 18/e p2139, 17/e p1587
35. Rampal, 45 yr old man presents with history of recurrent hemoptysis and purulent sputum. His chest X-Ray is normal, which of the following will be the next best investigation for him? (AIIMS Nov 01)
- HRCT
 - CT guided angiography
 - Angiography
 - Spiral CT
- Ref: Harrison's 18/e p2143, 17/e p1630
36. All are true about Interstitial fibrosis, except: (PGI June 03)
- FVC < 80% Predicted
 - FEV1/FVC < 0.7
 - DLCO is decreased
 - TLC is decreased
- Ref: Harrison's 18/e p2155, 2164 17/e p1587, 1588, 1638
37. All of the following are true about interstitial lung disease, except: (PGI June 07)
- Decreased FVC
 - Decreased FEV1
 - Decreased FEV1/FVC
 - Decreased Diffusion capacity
- Ref: Harrison's 18/e p2163
38. A 40 year old female presents with progressive dyspnea for one year. Physical examination reveals bibasilar end-inspiratory crepitations. All of the following statements about her condition are true, except:
- May be associated with connective tissue disease
 - Residual volume is increased
 - Total Lung capacity is decreased
 - HRCT is a useful diagnostic test
- Ref: Harrison's 18/e p2160-64, 17/e p1643-1647
39. Investigation of choice for interstitial disease is: (AIPGMEE 08)
- Chest X-ray
 - HRCT
 - Gallium-67 DTPA scan
 - MRI
- Ref: Harrison's 18/e p2163
40. Which of the following is characteristically not associated with the development of interstitial lung disease? (AI 2002)
- Coal dust
 - Sulfur dioxide
 - Thermophilic actinomycetes
 - Tobacco smokes
- Ref: Harrison's 18/e p2160, 2161
41. Caplan Syndrome is Pneumoconiosis with:
- Lymphadenopathy
 - Congestive Cardiac Failure
 - Rheumatoid Arthritis
 - HIV
- Ref: Harrison's 18/e p2739
42. All of the following features are seen in asbestosis except:
- Diffuse pulmonary interstitial fibrosis (AIIMS Nov 02)
 - Fibrous pleural thickening
 - Emphysema
 - Calcific pleural plaques
- Ref: Harrison's 18/e p2161-62, 17/e p1612, 1613
43. True statements about asbestosis: (PGI Dec 04)
- Causes Lung Ca
 - Pleural mesothelioma
 - Peritoneal mesothelioma
 - Pulmonary fibrosis
 - All of the above
- Ref: Harrison's 18/e p2123-24

Ans.	28. c. Montelukast	29. b. Acute asthmatic attack	30. a. < 5 μ	31. a. Chronic Bronchitis
	32. c. Restrictive...	33. b. Increased...	34. a. Body Plethysmography	35. a. HRCT
	36. b. FEV1/FVC < 0.7	37. c. Decreased FEV1/FVC	38. b. Residual volume...	39. b. HRCT
	40. d. Tobacco smokes	41. c. Rheumatoid	42. c. Emphysema	43. e. All of the above

44. All of the following statements about silicosis are true, except: (PGI Dec 04)
- Pleural plaques
 - Predilection for upper lobes
 - Calcific hilar Lymphadenopathy
 - Associated with tuberculosis
- Ref: Harrison's 18/e p2125, 2123
45. Not seen idiopathic pulmonary hemosiderosis: (AI 2009)
- Eosinopenia
 - Iron deficiency anemia
 - Diffuse alveolar hemorrhage
 - Hemoptysis
- Ref: Harrison's 18/e p2165
46. All of the following are true about Idiopathic Pulmonary Hemosiderosis except:
- Hypoxemia
 - Alveolar capillary constriction
 - Hyperplasia of type II Pneumocytes
 - Hemosiderin laden macrophages
- Ref: Harrison's 18/e p2119
47. All of the following are associated with pulmonary eosinophilic pneumonia, except: (PGI 2009)
- ABPA
 - Loeffler's pneumonia
 - Churg Strauss Syndrome
 - Tropical pulmonary eosinophilia
 - Wegener's granulomatosis...
- Ref: Harrison's 18/e p2119, 17/e p1610
48. Diagnostic features of allergic bronchopulmonary aspergillosis (ABPA) include all of the following except: (AI 2003)
- Changing pulmonary infiltrates
 - Peripheral eosinophilia
 - Serum precipitins against Aspergillus fumigatus
 - Occurrence in patients with old cavitary lesions.
- Ref: Harrison's 18/e p2120, 17/e p1610
49. Diagnostic criteria for Allergic Bronchopulmonary Aspergillosis include all, except: (PGI Dec 05)
- Peripheral eosinophilia ($>0.1 \times 10^9/\text{mm}^3$)
 - Central bronchiectasis
 - Episodic Asthma
 - Detection of Aspergillus in sputum
 - $\uparrow$ IgG antibodies specific to A. Fumigatus
- Ref: Harrison's 18/e p2120, 17/e p1610
50. A 40 year old man presented with repeated episodes of bronchospasm and hemoptysis. Chest X-ray revealed perihilar bronchiectasis. The most likely diagnosis is: (AI 2002)
- Sarcoidosis
 - Idiopathic pulmonary fibrosis
 - Extrinsic allergic alveolitis
 - Bronchopulmonary aspergillosis
- Ref: Harrison's 18/e p2120
51. True statements about ABPA include all of the following, except: (PGI Dec 04)
- Serum IgE $> 1000 \text{ ng/ml}$
 - Eosinophils $> 1000/\text{mm}^3$
 - Elevated IgG antibodies
 - Proximal Bronchiectasis
 - Lower lobe predominance
- Ref: Harrison's 18/e p2120
52. Which is not true about aspergillosis:
- Aspergillus Niger is the cause of fungal otitis externa
 - It is highly contagious
 - Aspergilloma is common in preexisting TB, or cystic disease
 - Aspergillus fumigatus is a cause of bronchial Aspergillosis
- Ref: Harrison's 18/e p1655, 17/e p1257, 1256
53. 40 year old patient with history of prolonged exposure to Aspergillus presents with repeated episodes of breathlessness. Chest X-ray shows diffuse pulmonary infiltrates. Skin hypersensitivity test is positive for Aspergillus antigen Peripheral blood picture shows normal eosinophil count and serum IgE levels are normal. The most likely diagnosis is:
- Allergic bronchial Asthma
 - Allergic Bronchopulmonary Aspergillosis (ABPA)
 - Extrinsic Allergic Alveolitis
 - Invasive Pulmonary Aspergillosis
- Ref: Harrison's 18/e p2120
54. All the following are features of Tropical pulmonary Eosinophilia except:
- Eosinophilia $> 3000/\text{mm}^3$
 - Microfilaria in blood
 - Paroxysmal cough and wheeze
 - Bilateral chest mottling and increased bronchovascular markings
- Ref: Harrison's 18/e p2120, 1748
55. All the following diseases are associated with peripheral blood eosinophilia except: (AIIMS Nov 02)
- Allergic bronchopulmonary aspergillosis (ABPA).
 - Loffler's syndrome.
 - Pulmonary eosinophilic granuloma.
 - Chagas-Strauss syndrome
- Ref: Harrison's 18/e p2120
56. A 54 year old smoker man comes with severe hemoptysis weight loss and oligoarthritis. Serial skiagram shows fleeting opacities. What is the diagnosis? (AIIMS Nov 08)
- Allergic bronchopulmonary aspergillosis
 - Ca lung
 - TB
 - Wegener's granulomatosis
- Ref: Harrison's 18/e p2120
57. Pulmonary Compliance is decreased in all of the following conditions, except: (AI 2011)
- Pulmonary Congestion
 - COPD
 - Decreased Surfactant
 - Pulmonary Fibrosis

Ans.	44. a. Pleural plaques	45. a. Eosinopenia	46. b. Alveolar	47. d. Tropical...
	48. d. Occurrence...	49. a. Peripheral...	50. d. Bronchopulmonary	51. e. Lower...
	52. b. It is highly...	53. b. Allergic...	54. b. Microfilaria in blood	55. c. Pulmonary...
	56. a. Allergic...	57. b. COPD		

C. ADULT RESPIRATORY DISTRESS SYNDROME

58. Shock lung is better known as: (DNB 2010)
 a. Alveolar Proteinosis
 b. Alveolar Haemorrhage
 c. Pulmonary edema
 d. ARDS *Ref: Harrison's 18/e p2205, 17/e p1680*
59. Acute lung injury is caused by all of the following except: (AIIMS May 02)
 a. Aspiration
 b. Toxic gas inhalation
 c. Cardiopulmonary bypass with heart lung machine.
 d. Lung contusion. *Ref: Harrison's 18/e p2205*
60. ARDS is associated with: (PGI Dec 04)
 a. Acute pancreatitis
 b. Trauma
 c. Severe Falciparum malaria
 d. All of the above *Ref: Harrison's 18/e p2205, 17/e p1680*
61. A patient comes with sudden respiratory distress, on examination, bilateral basal crepts are present over chest suggestive of pulmonary edema with normal alveolar wedge pressure. The likely cause is: (AIIMS June 2000)
 a. Narcotic overdose
 b. Congestive heart failure
 c. Myocardial infarction
 d. Cardiogenic shock
62. Which of the following is the most characteristic feature of Adult Respiratory Distress Syndrome (ARDS): (AI 2012)
 a. Diffuse alveolar damage
 b. Hypoxemia and hypoxia
 c. Surfactant deficiency
 d. Hypocapnia *Ref: Harrison's 18/e p2206*
63. All of the following features can be seen in ARDS except:
 a. Pulmonary shunting
 b. Reduced compliance
 c. Hypoxemia
 d. Hypercapnia *Ref: Harrison's 18/e p2206*
64. Which of the following is not seen in ARDS: (DNB 2012)
 a. Hypoxemia
 b. Hypercapnia
 c. Pulmonary edema
 d. Stiff lung *Ref: Harrison's 18/e p2206, 17/e p1680, 1681*
65. Feature of shock lung is: (AIIMS Nov 07)
 a. Diffuse alveolar damage
 b. Usual interstitial pneumonitis
 c. Organizing pneumonia
 d. Bronchiolitis *Ref: Harrison's 18/e p2205, 17/e p1680*
66. Acute Lung Injury (ALI) is characterized by all except:
 a. $\text{PaO}_2/\text{FiO}_2 < 200\text{mm Hg}$
 b. Bilateral interstitial infiltrates
 c. PCWP $< 18\text{ mm Hg}$
 d. Normal Left atrial pressure *Ref: Harrison's 18/e p2205, 17/e p1680*
67. Acute lung injury is characterized by all, except: (PGI Dec 04)
 a. Alveolar infiltrates
 b. Hypoxemia
 c. Pulmonary shunting
 d. $\text{PaO}_2/\text{FiO}_2 < 200\text{mm Hg}$
 e. None of the above *Ref: Harrison's 18/e p2207, 17/e p1681*
68. The most common cause of preventable hospital death is: (DNB 2009)
 a. Acute Pulmonary Embolism
 b. Heart Failure
 c. Myocardial Infarction
 d. Cancer *Ref: Harrison's 18/e p2170*
69. The most common cause of Pulmonary thromboembolism: (DNB 2009)
 a. DIC
 b. Coagulation Disorder
 c. DVT
 d. Venous Hypertension *Ref: Harrison's 18/e p2170, 17/e p1651*
70. All of the following conditions may predispose to pulmonary embolism except: (AI 2003)
 a. Protein S deficiency
 b. Malignancy
 c. Obesity
 d. Progesterone therapy *Ref: Harrison's 18/e p2170, 2171*
71. In acute pulmonary embolism, the most frequent ECG finding is: (AIIMS May '06)
 a. S1Q3T3 pattern
 b. P. pulmonale
 c. Sinus tachycardia
 d. Right axis deviation *Ref: Harrison's 18/e p2172, 17/e p1653*
72. D-Dimer values may be increased in all of the following except:
 a. Myocardial infarction
 b. Pneumonia
 c. Anticoagulant therapy
 d. Pregnancy *Ref: Harrison's 18/e p2172, 17/e p2172*
73. D-dimer is the most sensitive diagnostic test for: (AIIMS May 05)
 a. Pulmonary embolism
 b. Acute pulmonary oedema
 c. Cardiac tamponade
 d. Acute myocardial infarction *Ref: Harrison's 18/e p2172, 17/e p1653*
74. D-Dimer is the most sensitive test for:
 a. DVT
 b. Pulmonary Embolism
 c. Acute Pulmonary adema
 d. Acute myocardial infarction *Ref: Harrison's 18/e p2172, 17/e p1653*

Ans.	58. d. ARDS	59. None	60. d. All...	61. a. Narcotic overdose
	62. a. Diffuse...	63. None	64. b. Hypercapnia...	65. a. Diffuse...
	66. a. PaO_2 ...	67. d. PaO_2 ...	68. a. Acute	69. c. DVT
	70. d. Progesterone...	71. c. Sinus...	72. c. Anticoagulant therapy	73. a. Pulmonary embolism
	74. b. Pulmonary embolism			

75. Best investigation when there is clinical suspicion of pulmonary embolism in a patient is:

- D-Dimer Assay
- Multidetector CT angiography
- Doppler ultrasound
- Catheter angiography

Ref: Harrison's 18/e p2172, 2174 17/e p1652

76. A 55 year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain. The chest X-ray is normal. The next investigation should be: (AI 2003)

- Lung ventilation-perfusion scan (AI 2004)
- Pulmonary arteriography
- Pulmonary venous angiography
- Echocardiography

Ref: Harrison's 18/e p2173, 17/e p1652, 1663

77. The most definitive method of diagnosing pulmonary embolism is: (AIIMS Nov 05)

- Pulmonary arteriography
- Radioisotope perfusion pulmonary scintigraphy
- EKG
- Venography

Ref: Harrison's 18/e p2173, 17/e p1654

78. A young patient presents to the Emergency with Acute pulmonary embolism. Patient's blood pressure is normal but echocardiography reveals Right ventricular hypokinesia and compromised cardiac output. The treatment of choice in this patient is: (AIIMS Nov 2001)

- Thrombolytic therapy
- Anticoagulation with low molecular weight heparin
- Anticoagulation with warfarin
- Inferior vena cava filters

Ref: Harrison's 18/e p2174, 17/e p1654, 1655

79. In primary pulmonary hypertension basic abnormality in gene lies in: (AIIMS May 07)

- Bone morphogenic protein receptor II
- Endothelin
- Homeobox gene
- PAX - 11

Ref: Harrison's 18/e p2077, 17/e p1577

80. Precapillary pulmonary hypertension is caused by all except: (PGI June 03)

- Mitral stenosis
- Pulmonary vasculitis
- Primary pulmonary hypertension
- Thromboembolism

Ref: Harrison's 18/e p2077, 2079

81. All are causes of pulmonary hypertension except: (AIIMS Nov 07)

- Hyperventilation
- Morbid obesity
- High altitude
- Fenfluramine

Ref: Harrison's 18/e p2078, 17/e p1577, 1579

82. Pulmonary hypertension may occur in all of the following conditions except: (AIIMS Nov 06)

- Toxic oil syndrome
- Progressive systemic sclerosis
- Sickle cell anemia
- Argemone mexicana poisoning

Ref: Harrison's 18/e p2082

83. A 29 year old unmarried female presents with progressive dyspnea. Her X ray chest shows clear lung fields. Pulmonary function testing reveals in FVC of 92%; FEV1/FVC of 89%; and dLCO of 59%. On exercise testing her oxygen saturation drops from 92% to 86%. What is the likely diagnosis:

- Alveolar hypoventilation (AIIMS Nov 2008)
- Primary pulmonary hypertension
- Interstitial lung disease
- Anxiety

Ref: Harrison's 18/e p2076

84. A 29 year old anxious lady presents with a history of progressive breathlessness and exercise intolerance since four months. Her FVC is 90% and FEV1 / FVC is 86%. Oxygen saturation after exercise was observed to drop from 92% to 86%. What is the likely diagnosis:

- Primary alveolar hypoventilation (AI 2010)
- Primary pulmonary hypertension
- Anxiety disorder
- Interstitial lung disease

Ref: Harrison's 18/e p2077, 17/e p1587-1589

85. Chronic Cor pulmonale is seen in all except: (PGI Dec 04)

- Pulmonary embolization
- COPD
- Cystic fibrosis
- Primary pulmonary hypertension

Ref: Harrison's 18/e p1914, 17/e p1454

86. The most common cause for chronic cor pulmonale is:

- Recurrent pulmonary embolization (PGI Dec 04)
- COPD
- Cystic fibrosis
- Bronchial Asthma
- Airway foreign body

Ref: Harrison's 18/e p1913

87. The most common cause of acute cor pulmonale is:

- Pneumonia. (AIIMS Nov 02)
- Pulmonary thromboembolism.
- Chronic obstructive pulmonary disease.
- Primary spontaneous pneumothorax.

Ref: Harrison's 18/e p1914, 17/e p1454

88. All the following are radiological features of Chronic Cor pulmonale except: (AIIMS Nov 02)

- Kerley B lines
- Prominent lower lobe vessels
- Pleural effusion
- Cardiomegaly

Ref: Harrison's 18/e p1913, 1915

D. DISORDERS OF PLEURA

89. Which one of the following conditions may lead to exudative pleural effusion: (AI 2003)

- Cirrhosis
- Nephrotic syndrome
- Congestive heart failure
- Bronchogenic carcinoma

Ref: Harrison's 18/e p2180, (Table 263.1 17/e p1660, (Table 257.1

Ans.	75. b. Multidetector	76. a. Lung ventilation...	77. a. Pulmonary	78. a. Thrombolytic
	79. a. Bone...	80. a. Mitral stenosis...	81. a. Hyperventilation...	82. d. Argemone
	83. b. Primary...	84. b. Primary...	85. a. Pulmonary...	86. b. COPD
	87. b. Pulmonary...	88. b. Prominent...	89. d. Bronchogenic...	

90. All of the following are causes of Transudative pleural effusion except: (PGI June 02)

- Nephrotic syndrome
- Rheumatoid arthritis
- Constrictive pericarditis
- Myxedema
- Pulmonary embolism

Ref: Harrison's 18/e p2178, 17/e p1658

91. Left sided pleural effusion seen in: (PGI June 02)

- Pancreatitis
- Rheumatoid arthritis
- Hypoproteinemia
- CCF
- Esophageal rupture

Ref: Harrison's 18/e p2180

92. All of the following are true about pleural effusion, except: (select two options):

- Horizontal fluid level
- Decreased lung volume
- Decreased heart sounds
- Decreased chest movement
- Succession splash

Ref: Harrison's 18/e p2178

93. A high amylase level in pleural fluid suggests a diagnosis of: (AIIMS May 03)

- Tuberculosis
- Malignancy
- Rheumatoid arthritis
- Pulmonary infarction

Ref: Harrison's 18/e p2178

94. Amylase increased in pleural fluid is seen in following except: (PGI June 2000)

- Rheumatoid arthritis
- Esophageal perforation
- Malignancy
- Gall stone pancreatitis

Ref: Harrison's 18/e p2178

95. In an adult patient with plural effusion, the most appropriate site for pluricentesis done by inserting a needle is in:

- 5th intercostals space in midclavicular line (AI 2002)
- 7th intercostal space in mid axillary's line
- 2nd intercostals space adjacent to the sternum
- 10th intercostal space adjacent to the vertebral column

Ref: Harrison's 18/e p2179

96. While inserting a central venous catheter, a patient develops respiratory distress. The most likely cause is: (AI 2002)

- Hemothorax
- Pneumothorax
- Pleural effusion
- Hypovolemia

Ref: Harrison's 18/e p2181

97. Spontaneous pneumothorax is commonly seen in: (PGI June 02)

- Smokers
- Young females
- Old age
- Short statured men

Ref: Harrison's 18/e p2181

98. A 30 year old female comes acute breathlessness, neck vein distention, and absent breath sounds and mediastinal shift. Which of the following should be done immediately?

- HRCT is the investigation of choice (PGI June 2008)
- ABG analysis should be done
- CXR
- Large bore needle puncture of pleura

Ref: Harrison's 18/e p2181

99. IPPV can cause all of the following except: (AI 2001)

- Barotrauma
- Pleural effusion
- Missing
- None of the above

Ref: Harrison's 18/e p2213, 17/e p1688

E. PNEUMONIAS AND TUBERCULOSIS

100. The most common causative organism for lobar pneumonia is:

- Staphylococcus aureus
- Streptococcus pyogenes
- Streptococcus pneumoniae
- Hemophilus influenza

Ref: Harrison's 18/e p2131

101. Predisposing factors for pneumococcal pneumonia include all of the following except: (PGI June 01)

- CRF
- Lymphoma
- Old Age
- Thalassemia
- Sickle cell disease

Ref: Harrison's 18/e p2132

102. Cavitary lesions in lung are seen in: (AI 2010)

- Primary pulmonary Tuberculosis
- Staphylococcal pneumonia
- Pneumoconiosis
- Interstitial Lung disease

Ref: Harrison's 18/e p2132, 2136

103. Devi, a 28 year female, has diarrhea, confusion, high grade fever with bilateral pneumonitis. The diagnosis is:

- Legionella (AI 2000)
- Neisseria meningitis
- Streptococcus pneumoniae
- H. influenza

Ref: Harrison's 18/e p1237

104. A 30 year old male presents with pneumonia and diarrhea five days after discharge from a hospital. The drug of choice for treating him is:

- Vancomycin
- Ciprofloxacin
- Azithromycin
- Gentamycin
- Tetracycline

Ref: Harrison's 18/e p1238, 17/e p930,932

Ans.	90. b. Rheumatoid...	91. e. Esophageal rupture	92. a. Horizontal fluid...	93. b. Malignancy
	94. a. Rheumatoid...	95. b. 7th intercostal...	96. b. Pneumothorax	97. a. Smokers
	98. d. Large bore...	99. b. Pleural effusion	100. c. Streptococcus...	101. d. Thalassemia
	102. b. Staphylococcal...	103. a. Legionella	104. c. Azithromycin	

105. An elderly male admitted for Pneumonia presents with diarrhea and gripping abdominal pain five days after discharge from the hospital. Drug which is likely to benefit is: (DNB June 2009)
- Imodium
 - Metronidazole
 - Diphenoxylate
 - Levofloxacin *Ref: Harrison's 18/e p1239, 17/e p930, 932*
106. Atypical pneumonia can be caused by the following microbial agents except? (AI 2005)
- Mycoplasma pneumoniae
 - Legionella pneumonia
 - Human Corona virus
 - Klebsiella pneumoniae *Ref: Harrison's 18/e p2131, 17/e p1620*
107. All of the following features are seen in the viral pneumonia except: (AI 2005)
- Presence of interstitial inflammation.
 - Predominance of alveolar exudates.
 - Bronchiolitis.
 - Multinucleate giant cells in the bronchiolar wall. *Ref: Harrison's 18/e p1485*
108. A 45 year old, HIV positive patient presents with features of pneumonia. Characteristic histopathological features suggesting pneumocystis carinii pneumonia is: (PGI Dec 2000)
- Prominent interstitial pneumonitis
 - Eosinophilic alveolar exudates
 - Prominent mononuclear cells in alveolar exudates
 - Neutrophilic infiltration of alveolar interstitium
 - Hypertrophy of type I pneumocytes *Ref: Harrison's 18/e p1672*
109. A truck driver presented with history of fever since four weeks, and dry cough. He also gives a history of weight loss of about 10 kg. X-ray shows bilateral reticulonodular infiltrates. The most likely diagnosis is: (AI 2010)
- Tuberculosis
 - Pneumocystis carinii pneumonia
 - Pneumococcal pneumonia
 - Interstitial lung disease *Ref: Harrison's 18/e p1671-72, 17/e p1267, 1267, 1268*
110. All of the following statements about Pneumocystis jiroveci are true except: (AI 2008)
- Usually associated with CMV infection
 - May be associated with Pneumatocele
 - Usually diagnosed by sputum examination
 - Causes disease only in the immunocompromised host *Ref: Harrison's 18/e p1671*
111. True Statement about Pneumocystic Jiroveci is:
- Often associated with CMV infection
 - Usually diagnosed by sputum examination
 - Infection occurs only in immunocompromised patients
 - Always associated with Pneumatocele *Ref: Harrison's 18/e p1671*
112. Indication for prophylaxis in pneumocystis carinii pneumonia include (choose two best option):
- CD4 count < 200 /µl
 - Tuberculosis
 - Viral load > 25,000 copies/ml
 - Oral candidiasis *Ref: Harrison's 18/e p1672, 17/e p1269*
113. All of the following statements about primary Tuberculosis are true, except:
- Cavitatory lesion
 - Pleural effusion
 - Fibrocasseous lesion
 - Phlyctenular conjunctivitis *Ref: Harrison's 18/e p1353, 17/e p1008-1011*
114. Primary Tuberculosis most commonly involves: (DNB 2012)
- Lungs
 - Liver
 - Brain
 - Intestine *Ref: Harrison's 18/e p1342*
115. Primary complex in which of the following sites suggest congenital tuberculosis: (DNB 2011)
- Lungs
 - Liver
 - Lymph nodes
 - Skin *Ref: Harrison's 18/e p1349*
116. Most common site of primary infection in congenital tuberculosis is: (DNB 2012)
- Lungs
 - Liver
 - Lymph nodes
 - Skin *Ref: Harrison's 18/e p1349*
117. Most commonly involved organ in congenital tuberculosis is: (DNB 2010)
- Lungs
 - Liver
 - Lymph nodes
 - Skin *Ref: Harrison's 18/e p1349*
118. All of the following statements about Miliary Tuberculosis are true except:
- May occur following primary infection
 - May occur following secondary reactivation
 - Sputum microscopy is usually negative
 - Montoux is always positive
 - Liver, kidney and spleen are common sites of Involvement *Ref: Harrison's 18/e p1349, 17/e p1013*
119. Investigations in a clinically suspected case of tuberculosis:
- Mantoux (in children) (PGI June 07)
 - Sputum AFB
 - PCR
 - Bactec test
 - All of the above *Ref: Harrison's 18/e p1350, 17/e p1014, 1015*

Ans. 105. d. Levofloxacin...	106. d. Klebsiella pneumoniae...	107. b. Predominance...	108. b. Eosinophilic
109. b. Pneumocystis	110. a. Usually...	111. b. Usually	112. a and d
113. a. Cavitatory lesion	114. a. Lungs...	115. b. Liver	116. b. Liver
117. a. Lungs	118. d. Montoux...	119. e. All	

120. A man presents with fever, wt loss and cough; Mantoux tests reveals an induration of 17×19 mm; Sputum cytology is negative for AFB. Most likely diagnosis is: (AI 2001)
- Pulmonary tuberculosis
 - Fungal infection
 - Viral infection
 - Pneumonia

Ref: Harrison's 18/e p1350

121. A 25 year old man presented with fever, cough, expectoration and breathlessness of 2 months duration. Contrast enhanced computed tomography of the chest showed bilateral upper lobe fibrotic lesions and mediastinum had enlarged necrotic nodes with peripheral rim enhancement. Which one of the following is the most probable diagnosis: (AI 03)
- Sarcoidosis
 - Tuberculosis
 - Lymphoma
 - Silicosis

Ref: Harrison's 18/e p1350

122. Rasmussen's aneurysm arises from:

- Bronchial artery
- Pulmonary artery
- Vertebral artery
- Posterior intercostal artery

Ref: Harrison's 18/e p1345

123. Multidrug Resistance Tuberculosis (MDR-TB) should be considered in patients with: (PGI Dec 05)

- Contact with a known case of MDR TB
- Clinical Deterioration
- Sputum smear positive at 5 months of treatment
- All of the above

Ref: Harrison's 18/e p1355

124. A young man with tuberculosis presents with massive recurrent hemoptysis. For angiographic treatment which vascular structure should be evaluated first: (AIIMS May 03)

- Pulmonary artery
- Bronchial artery
- Pulmonary vein
- Superior vena cava

Ref: Harrison's 18/e p284, 17/e p227

F. BRONCHOGENIC TUMORS

125. A 62 years old man with carcinoma of lung presented to emergency department with respiratory distress. His EKG showed electrical alternans. The most likely diagnosis is: (AIIMS May 03)

- Pneumothorax.
- Pleural effusion.
- Cardiac tamponade.
- Constrictive pericarditis.

Ref: Harrison's 18/e p1972, 17/e p1972,1973

126. Most common bronchogenic carcinoma is:

- Small cell carcinoma
- Squamous cell carcinoma
- Mixed cell carcinoma
- Adenocarcinoma

(AIIMS June 2000)

Ref: Harrison's 18/e p738, 17/e p552

127. All of the following statements about small cell carcinomas are true, except: (PGI June 06)

- Commonest Malignancy of lung
- Associated with paraneoplastic syndrome
- Cause SVC obstruction
- Chemosensitive
- Commonly metastasis to brain

Ref: Harrison's 18/e p738, 17/e p551,552

128. Which of the following statements about small cell carcinoma is true? (AI 2009)

- Bone metastasis is uncommon
- Peripheral in location
- Chemosensitive tumor
- Paraneoplastic syndrome with $\uparrow$ PTH is common

Ref: Harrison's 18/e p751, 17/e p551, 552, 553, 554

129. All of the following statements about Non Small Cell Carcinoma of Lung (NSCCL) are true, except: (AI 2012)

- Contralateral mediastinal nodes are a contraindication to surgical resection
- Single Agent Chemotherapy is preferred for patient > 70 years with advanced disease
- Squamous Cell Carcinoma is the most common NSCCL amongst Asian population
- Gefitinib is most effective for female smokers with adenocarcinoma on histology

Ref: Harrison's 18/e p751

130. In a chronic smoker, a highly malignant aggressive and metastatic lung carcinoma is: (AIIMS May 01)

- Squamous cell Carcinoma
- Small cell Carcinoma
- Adenocarcinoma
- Large cell carcinoma

Ref: Harrison's 18/e p738, 17/e p552,554

131. Carcinoma lung responding best to chemotherapy:

- Squamous cell type
- Oat cell type
- Adenocarcinoma
- All respond equally

Ref: Harrison's 18/e p738

132. A 60 year old man presents with non productive cough and haemoptysis for 4 weeks; He has grade III clubbing, and a lesion in the apical lobe on x ray. Most likely diagnosis here is: (AI 2001, AIIMS June 2000)

- Small cell carcinoma
- Non small cell carcinoma
- Fungal infection
- Tuberculosis

Ref: Harrison's 18/e p742, 17/e p552-554

133. True statement about adenocarcinoma lung are (Choose two best options): (PGI June 05)

- Common in females
- Not associated with smoking
- Central cavitation is a characteristic feature
- Peripheral involvement is common
- Upper lobe involvement is common

Ref: Harrison's 18/e p738, 17/e p552

Ans.	120. a. Pulmonary...	121. b. Tuberculosis	122. b. Pulmonary artery	123. d. All
	124. b. Bronchial artery	125. c. Cardiac tamponade...	126. d. Adenocarcinoma	127. a. Commonest...
	128. c. Chemosensitive	129. d. Gefitinib...	130. b. Small cell ...	131. b. Oat cell type
	132. b. Non small cell...	133. a. Common...		

134. Lung to lung metastasis is seen in:

- Adenocarcinoma of lung
- Squamous cell carcinoma
- Small cell carcinoma
- Neuroendocrine tumor of lung

Ref: Harrison's 18/e p738, 17/e p554

135. A patient presents with secondaries to the adrenals. The most common site of primary is: (AI 2000)

- Lung
- Kidney
- Breast
- Stomach

Ref: Harrison's 18/e p739

136. Which of the following statements about lung carcinoma is true: (AI 2010)

- Squamous cell variant accounts for 70% of all lung cancers
- Oat cell variant typically present with cavitation
- Oat cell variant is typically associated with hilar adenopathy
- Adenocarcinoma variant is typically central in Location

Ref: Harrison's 18/e p738, 17/e p551, 552

137. A 60 years old chronic smoker presents with complaints of hemoptysis. Her chest X-ray appears to be normal. What is the next best investigation: (AIIMS Nov. 2000)

- Bronchoscopy
- High resolution CT
- Sputum cytology
- Pulmonary function test

Ref: Harrison's 18/e p286, 17/e p228

138. A 60 yr old man is suspected of having bronchogenic ca; TB has been ruled out in this pt. What should be the next investigation: (AI 2001)

- CT guided FNAC
- Bronchoscopy and biopsy
- Sputum cytology
- X-Ray chest.

Ref: Harrison's 18/e p286, 17/e p554, 555

139. A patient presents with a cavitary lesion in right upper lobe of lung. The best investigation is: (AI 2000)

- Bronchoscopy, lavage and brushing
- C.T. Scan
- X ray
- FNAC

Ref: Harrison's 18/e p2104

140. Serum ACE may be raised in all of the following except: (AI 2005)

- Sarcoidosis
- Silicosis
- Berylliosis
- Bronchogenic carcinoma

Ref: Harrison's 18/e p2810, 17/e p2140

141. A 60 year old male was diagnosed as carcinoma right lung. On CECT chest there was a tumor of 5 × 5 cm in upper lobe and another 2 × 2 cm size tumor nodule in middle lobe. The primary modality of treatment is: (AI 2004)

- Radiotherapy
- Chemotherapy
- Surgery
- Supportive treatment

Ref: Harrison's 18/e p745, 748

142. Ramesh 40 yrs male patient presenting with polyuria, pain abdomen, nausea, vomiting, altered sensorium was found to have bronchogenic carcinoma. The electrolyte abnormality seen in him would be: (AIIMS May 02)

- Hypokalemia
- Hyperkalemia
- Hypocalcaemia
- Hypercalcemia

Ref: Harrison's 18/e p3100, 743

143. A 60 year old male presented to the emergency with breathlessness, facial swelling and dilated veins on the chest wall. The most common cause is: (AI 2003)

- Thymoma
- Lung cancer
- Hodgkin's lymphoma
- Superior vena caval obstruction

Ref: Harrison's 18/e p2266

144. Which of the following tumor is most commonly associated with superior vena cava syndrome: (AI 2011)

- Lymphoma
- Small cell carcinoma
- Non small cell carcinoma
- Metastasis

Ref: Harrison's 18/e p2266

F. MISCELLANEOUS

145. A woman is admitted with complains of low-grade fever of 6 weeks duration. Chest radiograph reveals bi hilar adenopathy with clear lung fields. All of the following investigations will be useful in differential diagnosis except: (AI 2004)

- CD4/CD8 counts in the blood
- Serum ACE levels
- CECT of chest
- Gallium scan

Ref: Harrison's 18/e p2810

146. "Sleep apnoea", is defined as a temporary pause in breathing during sleep lasting at least: (AIIMS May 03)

- 40 seconds
- 30 seconds
- 20 seconds
- 10 seconds

Ref: Harrison's 18/e p2186, 17/e p1665,1666

147. Which of the following systems is least likely to be affected in cystic fibrosis: (DNB June 2010)

- Respiratory
- Genitourinary
- Hepatobiliary
- Endocrine

Ref: Harrison's 18/e p2149

Ans.	134. a. Adenocarcinoma...	135. a. Lung	136. c. Oat cell ...	137. a. Bronchoscopy
	138. b. Bronchoscopy	139. a. Bronchoscopy...	140. d. Bronchogenic...	141. c. Surgery...
	142. d. Hypercalcemia...	143. d. Superior vena...	144. b. Small cell...	145. a. CD4/CD8 ...
	146. d. 10 seconds...	147. d. Endocrine...		

148. The most common cause of pulmonary infection in cystic fibrosis is:
 a. Pseudomonas aeruginosa
 b. Staphylococcus aureus
 c. Burkholderia cenocepacia
 d. Nontuberculous mycobacteria
Ref: Harrison's 18/e p1017, 2148
149. Most common pathogen causing, pulmonary infection in cystic fibrosis in infants and young children is:
 a. Staphylococcus aureus
 b. Pseudomonas aeruginosa
 c. Burkholderia cenocepacia
 d. Nontuberculous mycobacteria *Ref: Harrison's 18/e p2148*
150. Bronchial adenoma commonly present as:
 a. Recurrent hemoptysis
 b. Cough
 c. Dyspnea
 d. Chest pain *Ref: Harrison's 18/e p753, 17/e p562*
151. All of the following are true about Kartagener's syndrome, except:
 a. Dextrocardia
 b. Infertility
 c. Mental retardation
 d. Bronchiectasis *Ref: Harrison's 18/e p2155*
(PGI Dec 04)
152. Kartagener's syndrome includes all of the following, except:
 a. Situs inversus
 b. Bronchiectasis
 c. Sinusitis
 d. Male infertility
 e. Cystic fibrosis *Ref: Harrison's 18/e p2155, 17/e p1629*
(PGI June 01)
153. Causes of pulmonary renal syndrome:
 a. Leptospirosis
 b. Hanta virus
 c. Paraquat poisoning
 d. All of the above *Ref: Robbin's 8/e p710*
(PGI June 07)
154. A male born at term after an uncomplicated pregnancy, labor and delivery develops severe respiratory distress within a few hours of birth. Results of routine culture were negative. The chest roentogram reveals a normal heart shadow and fine reticulonodular infiltrates radiating from the hilum. ECHO findings reveal no abnormality. Family history reveals similar clinical course and death of a male and female sibling at 1 month and 2 months of age respectively. The most likely diagnosis is:
 a. Neonatal Alveolar Proteinosis
 b. Total Anomalous Pulmonary Venous Circulation (TAPVC)
 c. Meconium Aspiration Syndrome
 d. Diffuse Herpes simplex infection
Ref: Harrison's 18/e p2168
(AI 2008)
155. 3.5 kg term male baby, born of uncomplicated pregnancy, developed respiratory distress at birth, not responded to surfactant, ECHO finding revealed nothing abnormal, X-ray showed ground glass appearance and culture negative. Apgar score 4 and 5 at 1 and 5 minutes. History of one month female sibling died before. What is the diagnosis?
 a. TAPVC
 b. Meconium aspiration
 c. Neonatal pulmonary alveolar proteinosis
 d. Diffuse herpes simplex infection
Ref: Harrison's 18/e p2168
(AIIMS Nov 07)
156. Which of the following is least likely cause of hemoptysis:
 a. Pneumonia
 b. Empyema
 c. Bronchiectasis
 d. Mitral stenosis
Ref: Harrison's 18/e p285
(PGI June 07)
157. Which of the following is not a feature of consolidation:
 a. Increased vocal resonance
 b. Dull Percussion note
 c. Bronchial Breath sounds
 d. Tracheal shift to side of consolidation
(DNB 2010)
158. A patient presents with sudden onset of breathlessness after a subclavian vein cannulation. On examination, breath sounds are absent while the chest is hyperresonant on percussion on one side. Most likely cause is:
 a. Iatrogenic pneumothorax
 b. Subclavian vein air embolus
 c. Malposition of cannula
 d. Cardiac arrhythmia
Ref: Harrison's 18/e p3212
(AI 2012)
159. The most common site of bleeding in Hemoptysis is:
 a. Tracheobronchial tree
 b. Pulmonary Parenchyma
 c. Pleural Disease
 d. All of the above
Ref: Harrison's 18/e p285, 17/e p227
160. The artery most frequently responsible for bleeding in massive hemoptysis is:
 a. Bronchial Artery
 b. Pulmonary Artery
 c. Intersegmental Artery
 d. Intercostal Artery
Ref: Harrison's 18/e p285, 17/e p227
(DNB 2009)
161. All of the following statements about central cyanosis are true except:
 a. Central cyanosis becomes evident when reduced haemoglobin < 5g/dl
 b. Chronic Asthma may cause central cyanosis
 c. Alveolar Hypoventilation causes central cyanosis
 d. Methemoglobinemia causes central cyanosis
Ref: Harrison's 18/e p288, 17/e p230
162. Cause of central cyanosis include all of the following, except:
 a. Chronic Asthma
 b. Congenital Pulmonary stenosis
 c. Congestive heart failure
 d. Alveolar hypoventilation
Ref: Harrison's 18/e p288, 17/e p231

Ans. 148. a. Pseudomonas ...	149. a. Staphylococcus...	150. c. Recurrent hemoptysis	151. c. Mental retardation
152. d. Cystic fibrosis	153. a. All	154. a. Neonatal ...	155. c. Neonatal...
156. b. Empyema	157. d. Tracheal...	158. a. Iatrogenic...	159. a. Tracheobronchial...
160. a. Bronchial Artery...	161. a. Central cyanosis ...	162. c. Congestive...	

163. Causes of unilateral clubbing include all of the following, except: (PGI June 05)
 a. Congenital cyanotic heart disease
 b. Panicoast tumor
 c. Aortic Aneurysm
 d. Brachial AV fistulas *Ref: Harrison's 17/e p2982*
164. Hypoxemia seen in: (PGI June 02)
 a. Hypoventilation
 b. Decreased Fio₂
 c. Myasthenia gravis
 d. Pulmonary emboli
 e. All of the above *Ref: Harrison's 18/e p2199, 17/e p1591*
165. Platypnea may be seen in all of the following conditions, except: (PGI June 05)
 a. Bilateral Diaphragmatic palsy
 b. Pleural effusion
 c. Pulmonary embolism
 d. Cirrhosis
 e. COPD *Ref: Harrison's 18/e p29*
166. A child develops acute respiratory distress, stridor, hyperinflation on one side of chest with decreased breath sound on that side. Most likely cause is: (AIIMS June 2000)
 a. Asthma
 b. Aspiration pneumonia
 c. Foreign body aspiration
 d. Pleural effusion
167. Static compliance is decreased in all of the following except: (PGI 2000)
 a. ARDS
 b. Pulmonary edema
 c. Interstitial fibrosis
 d. Fibrosing alveolitis
 e. Emphysema
168. Thickening of pulmonary alveolar capillary membrane is seen in: (PGI June 07)
 a. Asthma
 b. Bronchitis
 c. Pulmonary fibrosis
 d. Emphysema *Ref: Harrison's 18/e p2089*
169. Smoking is generally not associated as a risk factor with: (AI 06)
 a. Small cell carcinoma
 b. Respiratory bronchiolitis
 c. Emphysema
 d. Bronchiolitis obliterans organizing pneumonia *Ref: Harrison's 18/e p1485*
170. Which of the following statements is true about High Altitude Pulmonary Edema (HAPE)? (AIIMS Nov 06)
 a. Not exacerbated by exercise
 b. Associated with pulmonary vasoconstriction
 c. Occurs only in unacclimatized individuals
 d. Associated with low cardiac output *Ref: Harrison's 18/e p281, 17/e p224*
171. Bronchial hyperplasia may be caused by all except:
 a. Smoking
 b. Theophylline
 c. Prematurity
 d. Allergy *Ref: Robbin's 8/e p687*
172. Measurements of intravascular pressure by a pulmonary artery catheter should be done: (AI 2002)
 a. At end expiration
 b. At peak of inspiration
 c. During mid inspiration
 d. During mid expiration
173. The most common fetal response to acute hypoxia is: (AI 2009)
 a. Tachycardia
 b. Tachypnea
 c. Bradycardia
 d. Ventricular Arrhythmia
174. Hypersensitivity Pneumonitis is classically described as a: (AI 2009)
 a. Type I hypersensitivity reaction
 b. Type II hypersensitivity reaction
 c. Type III (Immune complex) Hypersensitivity
 d. Type IV (Cell mediated) Hypersensitivity *Ref: Harrison's 18/e p2116, 17/e p1607*
175. A child presented with severe respiratory distress two days after birth. On examination he was observed to have a scaphoid abdomen and decreased breath sounds on the left side. He was managed by prompt Endotracheal intubation. After ET tube placement the maximal cardiac impulse shifted further to the right side. What should be the next step in management? (AI 2008)
 a. Confirm the position of endotracheal tube by chest X ray
 b. Remove tube and reattempt intubation
 c. Nasogastric tube insertion and decompress the bowel
 d. Chest X ray to confirm diagnosis
176. A 7.5 months old child with cough, mild stridor is started on oral antibiotics. The child showed initial improvement but later developed wheeze, productive cough, and mild fever. X-ray shows hyperlucency and PFT shows an obstructive curve. The most probable diagnosis is: (AI 2008)
 a. Bronchiolitis obliterans
 b. Post viral syndrome
 c. Pulmonary alveolar microlithiasis
 d. Follicular bronchitis *Ref: Harrison's 18/e p1485*
177. Respiratory centre depression is caused by all of the following, except: (AIIMS Nov 2010)
 a. Opium
 b. Strychnine
 c. Barbiturates
 d. Gelsemium

Ans. 163. a. Congenital ...	164. e. All...	165. a. Bilateral	166. c. Foreign...
167. e. Emphysema	168. c. Pulmonary	169. d. Bronchiolitis...	170. b. Associated...
171. b. Theophylline	172. a. At end expiration	173. c. Bradycardia...	174. c. and d.
175. b. Remove tube...	176. a. Bronchiolitis...	177. b. Strychnine...	

5. KIDNEY AND URINARY TRACT

- A. Urinalysis
- B. Glomerular Diseases and Diabetic Glomerulopathy
- C. Disorders of Renal Vasculature
- D. Nephrolithiasis and Nephrocalcinosis
- E. Renal Failure
- F. Congenital Diseases of the Kidney
- G. Renal Tumours
- H. Miscellaneous

KIDNEY AND URINARY TRACT (QUESTIONS)

A. URINALYSIS

1. Causes of tubular proteinuria include all the following except: (AP 2012)
 - a. Alport's syndrome
 - b. Sarcoidosis
 - c. Cystinosis
 - d. Balkan nephritis

Ref: Harrison's 18/e p338
2. Microalbuminuria is defined as: (Karnataka 2010)
 - a. 0.3-0.5 mg of 24 hrs urine protein
 - b. <0.03 mg of 24 hrs urine protein
 - c. 0.03-0.3 mg of 24 hrs urine protein
 - d. >2.5 mg 24 hrs urine protein

Ref: Davidson's 20/e p479, Box 17.21; Harrison's 17/e p272
3. Urinalysis shows RBC casts; likely source is: (AI 2001)
 - a. Kidney
 - b. Ureter
 - c. Bladder
 - d. Urethra

Ref: Harrison's 18/e p336, 2301, 17/e p270-273, 1758
4. Feature of glomerular haematuria (select two options): (PGI June 05)
 - a. Dysmorphic R.B.C
 - b. Fragmented R.B.C.
 - c. Full of R.B.C.
 - d. Gross haematuria
 - e. R.B.C. cast

Ref: Harrison's 18/e p339, 17/e p272, 273
5. In hematuria of glomerular origin the urine is characterized by the presence of all of the following except: (AI 2004)
 - a. Red cell casts
 - b. Acanthocytes
 - c. Crenated red cells
 - d. Dysmorphic red cells

Ref: Harrison's 18/e p339
6. Recurrent gross hematuria is seen in (select two best options): (PGI Dec 2000)
 - a. Alports's syndrome
 - b. IgA nephropathy
 - c. Focal segmental glomerulosclerosis
 - d. Membranous nephropathy

Ref: Harrison's 18/e p2169, 2173
7. Presence of which of the following correlates best with renal pathology: (AIIMS June 2000)
 - a. Hyaline cast
 - b. Coarse granular cast
 - c. Broad cast
 - d. Epithelial cast

Ref: Harrison's 18/e p339, 17/e p273, 1758
8. Which of the following is indicative of renal tubular disease: (AIIMS May 01)
 - a. Hyaline casts
 - b. Coarse granular casts
 - c. Cystine oxalate cells
 - d. White cell casts

Ref: Harrison's 18/e p339, 17/e p273
9. A boy is suffering from acute pyelonephritis. Most specific urinary finding will be: (AIIMS May 07)
 - a. W.B.C. casts
 - b. Leucocyte esterase test
 - c. Nitrite test
 - d. Bacteria in gram stain

Ref: Harrison's 18/e p339, 17/e p272, 273
10. Acute pyelonephritis and uncomplicated UTI may be differentiated by all of the following except: (AI 2008)
 - a. WBC cast
 - b. Concentrating defect
 - c. Organisms in excess of 100,000 cfu/ml
 - d. Antibody to Tamm Horsfall protein

Ref: Harrison's 18/e p334
11. In differentiating Glomerular proteinuria from Tubular proteinuria, Glomerular proteinuria is indicated by: (PGI June 05)
 - a. Proteinuria > 3.0 – 3.5g/day
 - b. Globulin > Albumin
 - c. Albumin to b2 microglobulin ratio of 100:1
 - d. Tamm Harsfall protein

Ref: Harrison's 18/e p338
12. Which of the following statements about orthrostatic proteinuria is true: (PGI Dec 2000)
 - a. Seen in recumbent position
 - b. Is benign
 - c. Future risk of nephrotic syndrome
 - d. < 300 mg/day

Ref: Harrison's 18/e p338
13. Bence Jones proteins are derived from: (AI 2010)
 - a. Alpha Globulins
 - b. Beta Globulins
 - c. Gamma Globulins
 - d. Delta Globulins

Ref: Harrison's 18/e p338, 2337
14. Bence Jones proteinuria may be seen in: (AI 2010)
 - a. Alpha heavy chain disease
 - b. Gamma heavy chain disease
 - c. 'Mu' heavy chain disease
 - d. Epsilon heavy chain disease

Ref: Harrison's 17/e p707
15. In a child, non-functioning kidney is best diagnosed by: (AI 2005)
 - a. Ultrasonography
 - b. IVU
 - c. DTPA renogram
 - d. Creatinine clearance

Ref: OP Ghai 7/e p444

Ans.	1. a. Alport's syndrome	2. c. 0.03-0.3 mg of 24...	3. a. Kidney	4. a. Dysmorphic R.B.C...
	5. b. Acanthocytes	6. a and b	7. c. Broad cast	8. b. Coarse granular casts
	9. a. W.B.C. casts	10. c. Organisms in excess...	11. a. Proteinuria>3.0–3.5...	12. b. Is benign
	13. c. Gamma Globulins	14. c. 'Mu' heavy chain disease	15. c. DTPA renogram	

16. Which of the following best methods of urine collection is associated with least contamination: (AI 2008)

- Suprapubic aspiration
- Mid stream collection
- Catheterization
- Urine Bag specimen

Ref: OP Ghai 7/e p443

17. Coloured urine is not seen in: (AI 2008)

- Quinine
- Rifampicin
- Nitrofurantoin
- Pyridium

Ref: KD Tripathi 5/e p700, 693; Goodman Gilman 11/e p1124

18. Creatinine Clearance test is used to assess:

- Glomerular Filtration
- Proximal Tubular Function
- Distal Tubular Function
- Renal Plasma Flow

Ref: Harrison's 18/e p40, 334

19. Which of the following is the most accurate method to assess decline in GFR during initial stages of Renal insufficiency?

- Serum creatinine
- Creatinine clearance
- Serum BUN
- Serum Urea

(DNB June 2009)

Ref: Harrison's 18/e p334

20. Which of the following statements about creatinine clearance test is true: (DNB June 2009)

- Creatinine clearance test is the most accurate/gold standard test for assessing GFR
- Creatinine clearance may overestimate the actual GFR as renal function declines
- Creatinine clearance may underestimate the actual GFR as renal function declines
- Creatinine clearance is more accurate than Inulin clearance in estimating GFR

Ref: Harrison's 18/e p334

21. Water Deprivation Test is used to assess: (DNB 02)

- Glomerular Function
- Proximal Tubular Function
- Distal Tubular Function
- Renal Plasma Flow Renal Failure & Tubulointerstitial Diseases

22. The value of Albumin Creatinine ratio that suggests microalbuminuria is: (J & K 2012)

- 2.5 – 3.5
- 3.5 – 15
- 15 – 30
- 30 – 45

Ref: Harrison's 18/e p2304, 2337, 2337

23. Criterion for prerenal failure: (WB PG 08)

- Fractal Excretion index > 1
- Urine sodium concentration > 10 mmol/L
- Serum BUN : creatinine > 20:1
- Urine osmolality < 500

Ref: CMDT 2008 p788

B. GLOMERULAR DISEASES AND DIABETIC GLOMERULOPATHY

24. Manifestation of nephritic syndrome is: (Karnataka 2010)

- Syphilis
- Hypotension
- Hematuria
- Polyuria

Ref: Harrison's 18/e p2338, 17/e p1785-86

25. Most common nephrotic syndrome in elderly patients:

- Minimal change GN
- Membranous GN
- IgA nephropathy
- None of the above

(MHPGM-CET 2010)

Ref: Harrison's 18/e p2347, 17/e p1791

26. Renal vein thrombosis is most commonly associated with:

- Diabetic nephropathy
- Membranous glomerulopathy
- Minimal change disease
- Membranoproliferative glomerulonephritis

(MP PG 2010)

Ref: Harrison's 17/e p1815; 14/e p1559

27. A 25 Year old man develops hemoptysis. A few weeks later he experienced sudden onset of acute renal failure. His urine examinations showed presence of mild proteinuria, hematuria, and RBCs casts. Most likely diagnosis is:

- Minimal change disease
- Good pasture syndrome
- Diffuse membranous glomerulonephritis
- IgA Glomerulonephritis

(MP PG 2010)

Ref: Harrison's 18/e p2342, 17/e p1788

28. Nephrotic syndrome is caused by all systemic disease except:

- Atherosclerosis
- DM
- SLE
- Amyloidosis

Ref: Davidson 20th Pg. 1790

29. Good pasture syndrome does not comprise:

- Liver
- Kidney
- Skin
- Lung

(Rajasthan 2009)

Ref: Harrison's 18/e p2169, 2342, 2721

30. CRF is seen in which stage of GFR: (Rajasthan 2008)

- < 15
- < 30
- < 50
- < 75

Ref: Harrison's 18/e p334-335, 2309

31. GFR was measured to be between 60-89 in a patients with chronic renal failure. Which stage is he in?

- Stage 1
- Stage 2
- Stage 3
- Stage 4

Ref: Harrison's 18/e p2309-2310

Ans.	16. a. Suprapubic...	17. a. Quinine	18. a and c.	19. b. Creatinine Clearance
	20. b. Creatinine...	21. c. Distal Tubular Function	22. d. 30 – 45	23. c. Serum BUN : creatinine...
	24. c. Hematuria	25. b. Membranous GN	26. b. Membranous GN	27. b. Good pasture syndrome
	28. a. Atherosclerosis	29. a. Liver	30. a. < 15	31. b. Stage 2

32. All of the following are TRUE about nephritic syndrome, except: (AP 2012)

- a. 85% experience minimal change in disease
- b. Elevated serum cholesterol
- c. Hypoalbuminemia is the cause of the hypoproteinemia
- d. Reduces sodium reabsorption by the kidney

Ref: Harrison's 18/e p2437-2341

33. A 30-year old lady presents with malar rash, photosensitivity, positive antinuclear antibody, and 24-hour proteinuria of 4 gram and pedal oedema, the most likely renal pathology in this patient will be: (DP PGME 2009)

- a. Minimal change disease
- b. Mesangioproliferative glomerulonephritis
- c. Diffuse proliferative glomerulonephritis
- d. Membranous nephropathy

Ref: Harrison's 18/e p2339, 2345, 17/e p1787, 1789, 1793

34. Drugs associated with Acute Interstitial Nephritis is/are: (J & K 2011)

- a. Penicillin
- b. Allopurinol
- c. NSAIDs
- d. All of the above

Ref: Harrison's 18/e p2367

35. Following is the consequence of nephrotic syndrome:

- a. Hypoalbuminaemia (J & K 2011)
- b. Secondary hyperaldosteronism
- c. Hypercoagulability
- d. All of the above

Ref: Harrison's 18/e p2345

36. Typical features of Acute interstitial nephritis (AIN) include:

- a. Skin rashes, arthralgia and fever (J & K 2012)
- b. Peripheral blood eosinophilia
- c. Renal impairment typically follows withdrawal of the drug
- d. Renal biopsy evidence of an eosinophilic interstitial nephritis

Ref: Harrison's 18/e p2367

37. All are true of Nephrotic syndrome, except: (AI 2000)

- a. RBC casts in urine
- b. Hypo-proteinemia
- c. Oedema
- d. Hyperlipidemia

Ref: Harrison's 18/e p17/e p

38. All of the following proteins are decreased in Nephrotic syndrome except: (PGI 2012)

- a. Transferrin
- b. Fibrinogen
- c. Albumin
- d. Thyroxine Binding Globulin

Ref: Harrison's 18/e p2345, 17/e p1790

39. Hypercoagulation in Nephrotic syndrome is caused by:

- a. Loss of Antithrombin III (AI 2010)
- b. Decreased Fibrinogen

c. Decreased Metabolism of Vitamin K

d. Increase in protein C

Ref: Harrison's 18/e p346, 17/e p272

40. Nephrotic syndrome may be associated with: (PGI 2000)

- a. Total cholesterol
- b. LDL cholesterol
- c. VLDL cholesterol
- d. Triglycerides
- e. HDL cholesterol

Ref: Harrison's 18/e p2345, 339, 17/e p173

41. Most common cause of nephrotic range proteinuria in an adult is: (AI 2007)

- a. Diabetes Mellitus
- b. Amyloidosis
- c. Hypertensive nephropathy
- d. Wegner's Granulomatosis

Ref: Harrison's 18/e p339

42. The Finnish type of congenital nephrotic syndrome occurs due to gene mutations the following protein: (AI 2009, 08)

- a. Podocin
- b. Alpha - actinin
- c. Nephrin
- d. CD2 activated protein

Ref: Harrison's 18/e p2345, 17/e p1789

43. A patient with nephrotic syndrome on longstanding corticosteroid therapy may develop all the following except: (AI 2002)

- a. Hyperglycemia
- b. Hypertrophy of muscle
- c. Neuropsychiatric symptoms
- d. Suppression of the pituitary adrenal axis

Ref: Harrison's 18/e p2345, 339

44. Crescentic Glomerulonephritis may be seen in all of the following except: (AI 2008)

- a. Post Streptococcal Glomerulonephritis (PSGN)
- b. Henoch Schonlein Purpura (HSP)
- c. Anti Basement Membrane Disease
- d. Alport syndrome

Ref: Harrison's 18/e p2338, 17/e p1785

45. Crescent formation is characteristic of the following glomerular disease: (AI-2002)

- a. Minimal change disease
- b. Rapidly progressive glomerulonephritis
- c. Focal and segmental glomerulonephritis
- d. Rapidly non progressive glomerulonephritis

Ref: Harrison's 18/e p2337, 17/e p1785

46. Which of the following conditions are associated with pauci - immune crescentic glomerulonephritis: (AI 2009)

- a. Henoch - Schonlein Nephritis
- b. Lupus Nephritis (SLE)
- c. Microscopic polyangitis
- d. Nephritis in Alport's syndrome

Ref: Harrison's 18/e p2337

Ans.	32. d. Reduces sodium...	33. c. Diffuse proliferative...	34. d. All of above	35. d. All of above
	36. d. Renal biops...	37. a. RBC casts in urine	38. b. Fibrinogen	39. a. Loss of Antithrombin III
	40. e. ↓ HDL cholesterol	41. a. Diabetes Mellitus	42. c. Nephrin	43. b. Hypertrophy of muscle
	44. d. Alport syndrome	45. b. Rapidly progressive...	46. c. Microscopic polyangitis	

47. The prognosis of rapidly proliferating glomerulonephritis (Crescentic GN) depends upon: (AIIMS Nov 01)
- Number of crescents
 - Size of crescents
 - Shape of crescents
 - Cellularity of crescents
- Ref: Harrison's 18/e p2337
48. Non-proliferative Glomerulonephritis include all of the following, except: (AI 2008)
- Focal Segmental Glomerulonephritis (FSGS)
 - Mesangiocapillary Glomerulonephritis
 - Membranous Glomerulonephritis
 - Amyloidosis
- Ref: Harrison's 18/e p2334-35, 17/e p1789
49. A 30-year-old man presents with generalized edema and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic hematuria. Serum complement levels are decreased and he is positive for anti-hepatitis C antibodies. The most likely diagnosis is:
- Post streptococcal Glomerulonephritis (PSGN) (AI 2012)
 - Cryoglobulinemia
 - Membranoproliferative Glomerulonephritis (MPGN C>B)
 - Focal Segmental Glomerular Sclerosis (FSGS)
- Ref: Harrison's 18/e p2344
50. A 60-year-old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic haematuria. Serum complement levels are decreased and she is positive for anti-hepatitis C antibodies. The likely diagnosis is: (AI 2012)
- Post-streptococcal Glomerulonephritis
 - Essential Mixed Cryoglobulinemia
 - Membranoproliferative Glomerulonephritis (MPGN)
 - Focal Segmental Glomerulosclerosis (FSGS)
- Ref: Harrison's 18/e p2344
51. Which of the following is not true about Berger's disease?
- The pathological changes are proliferative and usually confined to mesangial cells; usually focal and segmental
 - Hematuria may be gross or microscopic
 - On immunofluorescence deposits contain both IgA and IgG
 - Absence of associated proteinuria is Pathognomonic
- Ref: Harrison's 18/e p2342
52. IgA-nephropathy is seen in: (AIIMS June 2000)
- Membranous glomerulonephritis
 - Mesangioproliferative glomerulonephritis
 - Focal glomerulonephritis
 - Crescentic glomerulonephritis
- Ref: Harrison's 18/e p2342-43
53. Increased IgA deposits are seen in: (AIIMS June 2000)
- Henoch Schonlein Purpura
 - Minimal Change Glomerulonephritis
 - Chronic Pyelonephritis
 - Haemolytic Uremic Syndrome
- Ref: Harrison's 18/e p2343, 17/e p1788, 1789
54. A 6 yr child presents with recurrent episodes of gross hematuria for 2 yrs. He is likely to have: (AI 2008)
- IgA nephropathy
 - Wilm's tumour
 - Henoch Schonlein Purpura (HSP)
 - Neuroblastoma
- Ref: Harrison's 18/e p2343
55. 12 years old Shyam presented with gross hematuria with 80% dysmorphic RBC's 2 days after a attack of upper respiratory tract infection. Diagnosis is: (AIIMS Nov 01)
- Microangiopathic thrombotic anaemia
 - IgA Nephropathy
 - PSGN
 - H.S. purpura
- Ref: Harrison's 18/e p2342
56. A six year old male baby presents to a hospital with recurrent gross hematuria for 2 years. There is no h/o burning micturition or pyuria. Urine routine examination demonstrated no pus cells and urine culture was sterile. Serum C3 levels were normal. What is the most probable diagnosis: (AIPGME-08)
- Wilm's tumour
 - IgA nephropathy
 - Post-streptococcal glomerulonephritis
 - Urinary tract infection
- Ref: Harrison's 18/e p2343
57. A young man develops gross haematuria 3 days after an attack of URTI; likely renal pathology is: (AI 2001)
- Acute glomerulonephritis
 - Minimal change disease
 - IgA nephropathy
 - Membranous glomerulonephritis.
- Ref: Harrison's 18/e p2342, 17/e p1786, 1788
58. True about Post-Streptococcal Glomerulonephritis is:
- 50% of cases occur after pharyngitis (AI 2000)
 - Early treatment of Pharyngitis eliminates the risk of P.S.G.N.
 - Glomerulonephritis, secondary to skin infection, is more common in summer
 - Recurrence is seen
- Ref: Harrison's 18/e p2340
59. Good pasture's syndrome is characterized by all of the following, except: (AIIMS May 08)
- Glomerulonephritis
 - Leucocytoclastic Vasculitis
 - Diffuse alveolar haemorrhage
 - Presence of antibodies to basement membrane
- Ref: Harrison's 18/e p2342, 2169
60. A 25 year old boy presents with renal failure. His uncle died of renal failure three years ago. Slit lamp examination reveals Lenticonus / Keratoconus. The likely diagnosis is: (AIIMS Nov 2010)
- Autosomal dominant polycystic kidney disease (ADPKD)
 - Autosomal recessive polycystic kidney disease (ARPKD)
 - Alport's syndrome
 - Denys-Drash syndrome
- Ref: Harrison's 18/e p2351, 3213, 17/e p1794, 2469

Ans.	47. a. Number of crescents	48. b. Mesangiocapillary...	49. b and c	50. b. Essential Mixed...
	51. d. Absence of...	52. b. Mesangioproliferative...	53. a. Henoch Schonlein...	54. a. IgA nephropathy
	55. b. IgA Nephropathy	56. b. IgA nephropathy	57. c. IgA nephropathy	58. c. Glomerulonephritis...
	59. b. Leucocytoclastic...	60. c. Alport's syndrome		

61. Mutation in alpha 5 chain of collagen 4. The diagnosis: (AIIMS Nov 06)
- Alport's syndrome
 - Thin membrane disease
 - Nodular glomerulosclerosis
 - Good pasture syndrome

Ref: Harrison's 18/e p3213, 17/e p2469

62. A 7 year old boy presented with generalized edema. Urine examination revealed marked albuminuria. Serum biochemical examinations showed hypoalbuminaemia with hyperlipidemia. Kidney biopsy was undertaken. On light microscopic examination, the kidney appeared normal. Electron microscopic examination is most likely to reveal: (AIIMS Nov 03)

- Fusion of foot processes of the glomerular epithelial cells
- Rarefaction of glomerular basement membrane
- Deposition of electron dense material in the basement membrane
- Thin basement membrane

Ref: Harrison's 18/e p2345, 17/e p1790

63. A 7 year old girl is brought with complaints of generalized swelling of the body. Urinary examination reveals Grade 3 proteinuria and the presence of hyaline and fatty casts. She has no history of Hematuria. Which of the following statements about her condition is true: (AI 2009)

- No IgG deposits or C3 deposition on Renal biopsy
- Her C3 levels will be low
- IgA Nephropathy is the likely diagnosis
- Alport's syndrome is the likely diagnosis

Ref: Harrison's 18/e p2345

64. True about light microscopy in minimal change disease is: (AIIMS 2001)

- Loss of foot process seen
- Anti GBM Abs seen
- IgA deposits seen
- No change seen

Ref: Harrison's 18/e p2345

65. True about Minimal change disease is:

- Appears normal under light microscopy but electron microscope shows loss of foot processes.
- Mesangial deposits
- Tram Track appearance
- Gross haematuria

Ref: Harrison's 18/e p2345

66. A child presents with hematuria and nephrotic syndrome. A diagnosis of minimal change disease was made. Which of the following statements about the diagnosis is true:

- Glomerular function is lost due to loss of polyanions around the foot processes
- Foot processes of podocytes in the Glomerular membrane are normal
- Glomerular function is lost due to deposition of IgA on the glomerular membrane
- Focal segmental changes are observed

Ref: Harrison's 18/e p2345, 17/e p1790

67. Typical features of Lipoid nephrosis include: (PGI 2009)

- Normal light microscopy
- FSGS
- Glomerular tuft sclerosis
- Effacement of foot processes
- Tubular sclerosis

Ref: Harrison's 18/e p2345

68. Minimal change glomerulopathy may be seen in association with all of the following except: (AIIMS Nov 05)

- Hepatitis B
- HIV
- Drug - induced interstitial nephritis
- Hodgkin's disease

Ref: Harrison's 18/e p2345, 17/e p1790

69. Which of the following is the first clinically detectable sign of diabetic nephropathy:

- Serum creatinine
- Creatinine clearance
- Microalbuminuria
- Macroalbuminuria

Ref: Harrison's 18/e p2348, 2983, 17/e p2288

70. Preferred method for determining microalbuminuria is:

- Urinary dipsticks
- 24 hour urinary protein collection
- Urinary A/C Ratio in a spot voided sample
- Urinary A/C Ratio in a 24 hour collection

Ref: Harrison's 18/e p338, 2348

71. The Recommended treatment of early diabetic nephropathy manifested by microalbuminuria is:

- Strict glycemic control
- Low protein Diet
- Strict glycemic control and Low Protein Diet
- Strict glycemic control, Low protein Diet and ACE Inhibitors

Ref: Harrison's 18/e p2348, 2983 17/e p2288

72. HIV associated nephropathy is a type of: (AIIMS Nov 04)

- Membranous glomerulonephritis
- Immunotactoid glomerulopathy
- Collapsing glomerulopathy
- Fibrillary glomerulopathy

Ref: Harrison's 18/e p2353

73. Collapsing glomerulopathy, features:

- Tuft necrosis
- Mesangiolysis
- Proliferation of parietal epithelium cells
- Hypertrophy of visceral epithelium cells

Ref: Harrison's 18/e p2353

74. Wire loop lesions are often characteristic for the following class of lupus nephritis: (AIIMS May 04)

- Mesangial proliferative glomerulonephritis (WHO class II)
- Focal proliferative glomerulonephritis (WHO class III)
- Diffuse proliferative glomerulonephritis (WHO class IV)
- Membranous glomerulonephritis (WHO class V)

Ref: Harrison's 18/e p2727, 17/e p2076, 2077, 2078

Ans.	61. a. Alport's syndrome	62. a. Fusion of foot processes...	63. a. No IgG deposits or C3...	64. d. No change seen
	65. a. Appears normal...	66. a. Glomerular function...	67. a and d	68. a. Hepatitis B
	69. c. Microalbuminuria	70. c. Urinary A/C Ratio...	71. c. Strict glycemic control	72. c. Collapsing glomerulopathy
	73. d. Hypertrophy of...	74. c. Diffuse proliferative...		

75. All of the following factors are associated with adverse prognosis and high risk of Renal progression in Lupus Nephritis, except: (PGI Dec 03)

- High levels of Anti-ds DNA
- Persistent proteinuria (Nephrotic range > 3gm/day)
- Hypocomplementemia
- Anti LA (SSB)

Ref: Harrison's 18/e p2727

76. A patient who has been diagnosed with bronchiectasis 5 years ago presents with edema on legs and proteinuria. The most likely finding in his kidney will be: (AI 2012)

- Minimal Change Disease
- Amyloid Nephropathy
- Rapidly Progressive Glomerulonephritis (RPGN)
- Crescentic Glomerulonephritis

Ref: Harrison's 18/e p945

77. Reflux Nephropathy with proteinuria in the nephrotic range may be seen in patients with: (AIIMS Nov 06)

- Membranous glomerulonephritis
- Focal segmental Glomerulosclerosis
- Nodular glomerulosclerosis
- Crescentic glomerulonephritis

Ref: Harrison's 18/e p2346

78. A 30 year old man presents with generalized edema and hypertension. Urine examination shows subnephrotic proteinuria (< 2gm) and microscopic hematuria. Serum complement levels are decreased and he is positive for antihepatitis C antibodies. The most likely diagnosis is:

- Post streptococcal glomerulonephritis (PSGN) (AI 2007)
- Mixed cryoglobulinemia
- Membranoproliferative glomerulonephritis (MPGN)
- Focal segmental glomerular sclerosis (FSGS)

Ref: Harrison's 18/e p2344

79. A 60 year old woman presents with generalized edema, skin ulceration and hypertension. Urine examination shows subnephrotic proteinuria (<2gm) and microscopic haematuria. Serum complement levels are decreased and she is positive for antihepatitis C antibodies. The likely diagnosis is: (AI 2007)

- PSGN
- Essential mixed cryoglobulinemia
- Membrano proliferative glomerulonephritis
- Focal segmental glomerulosclerosis

Ref: Harrison's 18/e p2344

80. Serum C3 is persistently low in the following except:

- Post streptococcal glomerulonephritis
- Membranoproliferative glomerulonephritis
- Lupus nephritis
- Glomerulonephritis related to bacterial Endocarditis

Ref: Harrison's 18/e p2353, 2340

81. All of the following are associated with low complement levels except:

- Lupus nephritis

- Mesangio capillary glomerulonephritis
- Diarrhea-associated hemolytic uremic syndrome
- Post-infections glomerulonephritis

Ref: Harrison's 18/e p2341, 2345

82. Hypocomplementemia is seen (select three options):

(PGI June 2008)

- PSGN
- Membranous GN
- Focal segmental DN
- MPGN
- Infective endocarditis

Ref: Harrison's 18/e p2340, 2344, 1055

83. Non-proliferative Glomerulonephritis include all of the following, except: (AI 2008)

- Focal Segmental glomerulonephritis (FSGS)
- Mesangiocapillary glomerulonephritis
- Membranous glomerulonephritis
- Amyloidosis

Ref: Harrison's 18/e p2345

84. Proliferative glomerular deposits in kidney are found in:

(AI-2000)

- Amyloidosis
- Diabetes mellitus
- IgA nephropathy
- Membranous glomerulonephritis

Ref: Robbin's 8/e p931

85. Which among the following is characteristic of a/c glomerulonephritis: (Kerala PG 10)

- Muddy brown Cast
- FeNa < 1%
- Haematuria Proteinuria
- WBC

Ref: Harrison's 18/e p2300

C. DISORDERS OF RENAL VASCULATURE

86. Which of the following type of renal tubular acidosis (RTA) is associated with hyperkalemia? (Maharashtra 2011)

- RTA type IV
- RTA type I & II
- RTA type II
- RTA type IV

Ref: Harrison's 18/e p2364

87. Which of the following is s/o ARF: (Kerala PG 10)

- FENa < 1
- Renal Failure index < 1
- Blood urea nitrogen/cr ratio < 20
- Urine osmolality > 1.010

Ref: Harrison's 17/e p1756 table 273-2

88. In acute tubular necrosis all are true except? (Kerala PG 10)

- Specific gravity of urine < 1.020
- Urine Osmolality > 500
- BU creatinine ratio < 20
- Urine sodium < 20mmol/L

Ref: Harrison's 17/e p1757 table 273.2

Ans.	75. d. Anti LA (SSB)	76. b. Amyloid Nephropathy	77. b. Focal segmental...	78. b and c
	79. b and c	80. a. Post streptococcal...	81. c. Diarrhea-associated...	82. a, d and e
	83. b. Mesangiocapillary...	84. c. IgA nephropathy	85. b. FeNa < 1%	86. d. RTA type IV
	87. a and c.	88. d. Urine sodium < 20mmol/L		

89. In acute tubular necrosis all are true except? (Kerala PG 10)
 a. Specific gravity of urine < 1.020
 b. Urine Osmolality > 500
 c. BU creatinine ratio < 20
 d. Urine sodium < 20 mmol/L
Ref: Harrison's 17/e p1756; table 273.2
90. Renal artery stenosis is caused by all except: (Kerala PG 09)
 a. Atherosclerosis
 b. Fibromuscular dysplasia
 c. Takayasu arteritis
 d. Buerger's disease
Ref: Harrison 17/e p1555
91. An 8 yrs old boy presents to casualty with history of diarrhoea, followed by decreased urine output. Blood examination shows thrombocytes 90,000/cm³. Diagnosis is:
 a. Hemolytic Uremic Syndrome (AI 2000)
 b. Disseminated Intravascular Coagulation
 c. Hemophilia
 d. Idiopathic Thrombocytopenic Purpura
Ref: Harrison's 18/e p970
92. Which of the following statements about Hemolytic Uremic Syndrome is least correct: (AI 2012)
 a. Usually follows Hemorrhagic colitis
 b. Often self-limited
 c. Fever is usually mild or absent
 d. Serotonin has no role in pathogenesis
Ref: Harrison's 18/e p970
93. Which of the following changes does not occur in malignant hypertension: (AI 2008)
 a. Petechial Haemorrhages on cortical surface
 b. Fibrinoid necrosis of arterioles
 c. Intimal concentric thickening
 d. Hyaline arteriosclerosis
Ref: Harrison's 18/e p2047
94. Commonest histological finding in Benign Hypertension is: (AI 2009)
 a. Proliferative endarteritis
 b. Necrotizing arteriolitis
 c. Hyaline arteriosclerosis
 d. Cystic medial necrosis
Ref: Harrison's 18/e p2046
95. Which of the following is the most specific and sensitive screening test for Renovascular Hypertension: (AIIMS May 01)
 a. HRCT
 b. CT Angiography
 c. Captopril enhanced radionuclide scan
 d. MRI
Ref: Harrison's 18/e p2048
96. Which of the following is the most specific screening test for renovascular hypertension: (PGI 2008)
 a. Magnetic Resonance Angiography (MRA)
 b. Spiral Computed Tomographic Angiography (CT Angiography)
 c. Captopril induced Radionuclide Scan (Captopril Renogram)
 d. Duplex Doppler Ultrasonography
Ref: Harrison's 18/e p2048, 2044
97. Renal artery stenosis may occur in all of the following except: (AI 2006)
 a. Atherosclerosis
 b. Fibromuscular dysplasia
 c. Takayasu's arteritis
 d. Polyarteritis nodosa
Ref: Harrison's 18/e p2375, 2796
98. A 20 year old female presents with a blood pressure of 160/110 mm Hg. Clinical examination reveals a bruit in both flanks. Which of the following statements about this patient is not true (select one option) (PGI 09)
 a. Enalapril may deteriorate renal function
 b. Most definitive diagnostic procedure is contrast enhanced angiography
 c. Condition is nearly always bilateral
 d. Surgical intervention may be used
 e. Fibromuscular dysplasia is the likely cause in this patient
Ref: Harrison's 18/e p2375, 17/e p1811-1812
99. Renal vein thrombosis is most commonly associated with: (AI 2002)
 a. Diabetic nephropathy
 b. Membranous glomerulopathy
 c. Minimal change disease
 d. Mesangio-proliferative glomerulonephritis
Ref: Harrison's 18/e p2344-45, 17/e p1790
100. Renal vein thrombosis (RVT) may be seen in: (PGI 2009)
 a. Trauma
 b. Renal Cell Ca
 c. Pregnancy
 d. Nephrotic Syndrome
 e. Dehydration
Ref: Harrison's 18/e p2382, 17/e p1815
101. Renal vein thrombosis is most commonly associated with: (AI 2001)
 a. Diabetic nephropathy
 b. Membranous glomerulopathy
 c. Minimal change disease
 d. Membrano-proliferative glomerulonephritis
Ref: Harrison's 18/e p2382
102. All of the following are causes of Renal Vein Thrombosis, except: (PGI Dec 01)
 a. Membranous Nephropathy
 b. Membranoproliferative glomerulonephritis
 c. Lupus Nephritis
 d. Renal Amyloidosis
 e. Post streptococcal Glomerulonephritis (PSGN)
Ref: Harrison's 18/e p2382
103. A 10 year old child develops hematuria after 2 days of diarrhea. Blood film shows fragmented RBCs & thrombocytopenia. Ultrasound shows marked enlargement of both kidneys. The likely diagnosis is: (AIIMS June 99)
 a. Acute pyelonephritis
 b. Disseminated intravascular coagulopathy
 c. Haemolytic uremic syndrome
 d. Renal vein thrombosis
Ref: Harrison's 18/e p2382

Ans.	89. d. Urine sodium...	90. d. Buerger's disease	91. a. Hemolytic Uremic...	92. d. Serotonin has no role...
	93. d. Hyaline...	94. c. Hyaline arteriosclerosis	95. b. CT Angiography	96. a. Magnetic Resonance...
	97. d. Polyarteritis nodosa	98. c. Condition is nearly...	99. b. Membranous...	100. All of the above
	101. b. Membranous...	102. e. Post streptococcal...	103. d. Renal vein thrombosis	

104. Renal artery stenosis may occur in all of the following except: (AI 2006)

- a. Atherosclerosis
- b. Fibromuscular dysplasia
- c. Takayasu's arteritis
- d. Polyarteritis nodosa *Ref: Harrison's 18/e p2375, 2796*

105. A 20 year old female presents with a blood pressure of 160/110 mm Hg. Clinical examination reveals a bruit in both flanks. Which of the following statements about this patient is not true (select one option): (PGI 09)

- a. Enalapril may deteriorate renal function
- b. Most definitive diagnostic procedure is contrast enhanced angiography
- c. Condition is nearly always bilateral
- d. Surgical intervention may be used
- e. Fibromuscular dysplasia is the likely cause in this patient *Ref: Harrison's 18/e p2375, 17/e p1811-1812*

106. Renal vein thrombosis is most commonly associated with: (AI 2002)

- a. Diabetic nephropathy
- b. Membranous glomerulopathy
- c. Minimal change disease
- d. Mesangio-proliferative glomerulonephritis *Ref: Harrison's 18/e p2344-45, 17/e p1790*

107. Renal vein thrombosis (RVT) may be seen in: (PGI 2009)

- a. Trauma
- b. Renal Cell Ca
- c. Pregnancy
- d. Nephrotic Syndrome
- e. Dehydration *Ref: Harrison's 18/e p2382, 17/e p1815*

108. Renal vein thrombosis is most commonly associated with: (AI 2001)

- a. Diabetic nephropathy
- b. Membranous glomerulopathy
- c. Minimal change disease
- d. Membrano-proliferative glomerulonephritis *Ref: Harrison's 18/e p2382*

109. All of the following are causes of Renal Vein Thrombosis, except: (PGI Dec 01)

- a. Membranous Nephropathy
- b. Membranoproliferative glomerulonephritis
- c. Lupus Nephritis
- d. Renal Amyloidosis
- e. Post streptococcal Glomerulonephritis (PSGN) *Ref: Harrison's 18/e p2382*

110. A 10 year old child develops hematuria after 2 days of diarrhoea. Blood film shows fragmented RBCs & thrombocytopenia. Ultrasound shows marked enlargement of both kidneys. The likely diagnosis is: (AIIMS June 09)

- a. Acute pyelonephritis
- b. Disseminated intravascular coagulopathy
- c. Haemolytic uremic syndrome
- d. Renal vein thrombosis *Ref: Harrison's 18/e p2382*

D. NEPHROLITHIASIS AND NEPHROCALCINOSIS

111. Stone which is resistant to lithotripsy: (AIIMS May 07)

- a. Calcium oxalate
- b. Triple phosphate stone
- c. Cystine stone
- d. Uric acid stone *Ref: Harrison's 18/e p2382, 2386; Bailey 26/e p1296*

112. Which of the following stones is hard to break by ESWL: (AI 2010)

- a. Calcium Oxalate Monohydrate
- b. Calcium Oxalate Dihydrate
- c. Uric acid
- d. Struvite *Ref: Harrison's 18/e p2382, 2385; Bailey 26/e p1296*

113. All of the following types of Renal Stones are Radiopaque, except: (AIIMS June 2000)

- a. Oxalate
- b. Uric Acid
- c. Cystine
- d. Mixed *Ref: Harrison's 18/e p2382, 2386; Bailey 26/e p1293*

114. Renal Calculi associated with proteus infection: (AI 2009)

- a. Uric Acid
- b. Triple Phosphate
- c. Calcium oxalate
- d. Xanthine *Ref: Harrison's 18/e p2387; Bailey 26/e p1293*

115. Ureteric colic due to stone is caused by: (AI 2008)

- a. Stretching of renal capsule due to back pressure
- b. Increased peristalsis of ureter to overcome the obstruction
- c. Irritation of intramural ureter
- d. Extravasation of urine. *Ref: Harrison's 18/e p2382; Bailey 26/e p1271*

116. Locate the renal stone with pain radiating to medial side of thigh and perineum due to slipping of stone in males: (AIIMS June 2000)

- a. At pelvic brim
- b. Intramural opening of ureter
- c. Junction of ureter and renal pelvis
- d. At crossing of gonadal vessels and ureter *Ref: Harrison's 18/e p2382, 2386; Bailey 26/e p1292*

117. Referred pain from ureteric colic is felt in the groin due to involvement of the following nerve: (AI 2003)

- a. Subcostal
- b. Iliohypogastric
- c. Ilioinguinal
- d. Genitofemoral *Ref: Harrison's 18/e p2385; Bailey 26/e p1272*

118. A 10-mm calculus in the right lower ureter associated with proximal hydronephrosis is best treated with:

- a. Extracorporeal shockwave lithotripsy (AI 2003)
- b. Antegrade percutaneous access
- c. Open ureterolithotomy
- d. Ureteroscopic retrieval *Ref: Bailey 26/e p1294*

Ans.	104. d. Polyarteritis nodosa	105. c. Condition is nearly...	106. b. Membranous...	107. All of the above
	108. b. Membranous...	109. e. Post streptococcal...	110. d. Renal vein thrombosis	111. c. Cystine stone
	112. a. Calcium Oxalate...	113. b. Uric Acid	114. b. Triple Phosphate	115. b. Increased peristalsis...
	116. a. At pelvic brim	117. d. Genitofemoral	118. d. Ureteroscopic retrieval	

1124 Jaypee's Triple A

119. A child presents with abdominal colic and hematuria. On ultrasonography a stone 2.0 cm in diameter is seen in the renal pelvis. The next step in management of this case is:

- Pyelolithotomy (AIIMS Nov 2000)
- Nephroureterostomy
- Conservative
- ESWL

Ref: Harrison's 18/e p2382; Bailey 26/e p1296

120. Chandu, a 45 yrs male shows calcification on the Rt side of his abdomen in an AP view. In lateral view the calcification is seen to overlie the spine. Most likely diagnosis is:

- Gallstones (AI 2001)
- Calcified mesenteric nodes
- Renal stones
- Calcified rib

Ref: Harrison's 18/e p2382; Bailey 26/e p1293

121. Nephrocalcinosis is seen in all except: (AIIMS May 07)

- Sarcoidosis
- Distal RTA
- Milk alkali syndrome
- Medullary cystic kidney

Ref: Harrison's 18/e p2382, 2382, 17/e p1815, 1816

122. Nephrocalcinosis is a feature of all except: (PGI June 2000)

- Primary hyperparathyroidism
- Medullary sponge kidney
- Vitamin D intoxication
- Pseudo hypoparathyroidism

Ref: Harrison's 18/e p360, 3096

123. Nephrocalcinosis is seen in (select two options):

- Medullary sponge disease (PGI Dec 05)
- Acute pyelonephritis
- Acute glomerulonephritis
- Chronic pyelonephritis
- Hyper parathyroidism

Ref: Harrison's 18/e p360, 3096

124. A patient is known to have calcium nephrocalcinosis for the post 10 years. All of the following dietary recommendations should be suggested, except: (AIIMS Nov 2010)

- Protein Restriction
- Calcium Restriction
- Salt Restriction
- All of the above

Ref: Harrison's 18/e p2382

E. RENAL FAILURE

125. Common cause of chronic renal failure is: (Karnataka 2010)

- Hypotension
- Hypertension
- Diabetes insipidus
- Malaria

Ref: Davidson's 20/e p486, Box 17.29; Harrison's 18/e p2310 17/e p1762

126. The following is NOT a feature of Renal tubular acidosis:

- High anion gap (Karnataka 2011)
- Hyperchloremic acidosis
- No gastrointestinal disturbance
- Urine pH is inappropriately high (greater than 5.5)

Ref: Davidson's 21/e p444

127. Which of the following is not true about intrinsic renal failure in case of ischemic ATN? (MHPGM-CET 2010)

- Specific gravity < 1.015
- FENa < 1
- Urine sodium > 20 mmol/L
- Urine creatinine to plasma creatinine ratio < 20

Ref: Harrison's 17/e p271; Table 45-2

128. Acute and chronic renal failure can be differentiated by?

- Anemia in CRF (Kerala PG 10)
- Hyperphosphatemia in CRF
- Peripheral neuropathy in CRF

Ref: Harrison's 17/e p1755

129. Important clues of diagnosis chronic renal failure (CRF) except: (UP 2009)

- Bilateral contracted kidney
- Massive proteinuria
- Osteodystrophy
- Hypertension

Ref: Harrison's 18/e p335 17/e p269

130. Target Hb in CRF patient is: (Rajasthan 2009)

- 11-12 gm
- 10-11 gm
- 12-13 gm
- 13-14 gm

131. Most common cause of post renal acute kidney injury is:

- Bladder neck obstruction (AP 2011)
- Urinary tract obstruction
- Ureteric obstruction
- Urethritis

Ref: Harrison's 18/e p2299

132. The commonest cause of chronic renal failure is:

- Diabetes mellitus (Comed K 2011)
- Hypertension.
- Pyelonephritis.
- Cystic disease of kidneys

Ref: Davidson's 20/e p486, Box 17.29; Harrison's 18/e p2310, 17/e p1762

133. Causes of Acute Tubular necrosis include: (PGI June 07)

- Radiocontrast agents
- Psrsproteins
- Amphoterecin B
- Abruptio placentae
- All of the above

Ref: Harrison's 18/e p2294

134. Which of the following values are suggestive of acute tubular necrosis: (AIIMS Nov 2000)

- Urine osmolality > 500
- Urine sodium > 40
- Blood urea nitrogen / plasma creatinine > 20
- Urine creatinine / plasma creatinine > 40

Ref: Harrison's 18/e p337, 2301, 17/e p271, 1758

Ans.	119. d. ESWL	120. c. Renal stones	121. d. Medullary cystic kidney	122. d. Pseudo hypoparathyroidism
	123. a and e.	124. b. Calcium Restriction	125. b. Hypertension	126. a. High anion gap
	127. c. Urine sodium...	128. a. Anemia in CRF	129. d. Hypertension	130. a. 11-12 gm
	131. a. Bladder neck...	132. a. Diabetes mellitus	133. e. All of the above	134. b. Urine sodium > 40

- 135. Fractional excretion of sodium <1 is seen in:** (AIIMS Nov 07)
 a. Prerenal azotemia
 b. Acute tubular necrosis
 c. Acute ureteral obstruction
 d. Interstitial nephritis
Ref: Harrison's 18/e p337, 2302, 17/e p1758
- 136. Pre-renal azotemia is associated with one of the following characteristic feature:** (AIIMS Nov 2000)
 a. Urinary Na⁺ < 10 mmol/L
 b. Renal failure index > 1
 c. Osmolality < 500
 d. Urinary creatinine / P. creatinine ratio < 20
Ref: Harrison's 18/e p337, 2302, 17/e p271, 1758
- 137. Pre-Renal Azotemia is characterized by all of the following except:** (AI 2010)
 a. Fractional Excretion of Na < 1%
 b. Urinary osmolality > 500 mosm/kg
 c. Urinary sodium concentration > 40 meq/l
 d. Reversible with replacement fluids
Ref: Harrison's 18/e p337, 2302, 17/e p271
- 138. Plasma urea / creatinine ratio of 20:1 may be seen in:** (AI 2010)
 a. Rhabdomyolysis
 b. Ureteric calculi
 c. Pre-renal failure
 d. Chronic glomerulonephritis
Ref: Harrison's 18/e p337, 2302, 17/e p271, 1758, 1758
- 139. Which of the following is true about Acute tubular necrosis:** (PGI June 07)
 a. Urine specific gravity > 1.020
 b. Urine osmolality > 350 mosmol/kg
 c. Urine Na < 10 meq/L
 d. Blood urea : creatinine ratio < 20
Ref: Harrison's 18/e p337, 17/e p271
- 140. All of the following are true about Prerenal:**
 Azotemia, Except: (PGI June 05)
 a. Urinary Cr/Plasma Cr > 40
 b. FENa < 1
 c. Urinary output < 400ml/day
 d. Plasma BUN/Creatinine ratio < 20
 e. Urinary sodium concentration < 20 meq/l
Ref: Harrison's 18/e p337, 17/e p271
- 141. Which differentiating prerenal azotemia with ATN features favouring pre-renal azotemia (select two options):** (PGI Dec 2002)
 a. Urine osmolality > 500 mosmol/kg
 b. Sodium < 10 mmol/l
 c. Plasma transferrin/Ig ratio
 d. Fractional excretion of sodium > 1
 e. Plasma BUN/creatinine ratio < 20
Ref: Harrison's 18/e p337, 17/e p271
- 142. All of the following are true about Oliguric ARF:** (AI 03)
 a. Anemia
 b. Metabolic Acidosis
 c. Uremia
 d. Hypercalcemia
Ref: Harrison's 18/e p2303, 2306, 17/e p1754, 1759, 1760
- 143. Non Oliguric Acute Renal Failure is typically associated with:** (DNB Dec 2011)
 a. Aminoglycoside toxicity
 b. Contrast Induced Nephrotoxicity
 c. Hemolytic Uremic syndrome
 d. Glomerulonephritis
Ref: Harrison's 18/e p2303-2306, 17/e p1754, 1759
- 144. Hypophosphatemia is seen in all except:** (AI 2007)
 a. Acute renal failure
 b. Resolving phases of diabetic ketocidosis
 c. Respiratory alkalosis/COPD
 d. Chronic alcoholism
 e. Chronic Renal Failure
Ref: Harrison's 18/e p2303, 17/e p1759
- 145. Feature of CRF include all, except:** (PGI June 05)
 a. Impotence
 b. Restless legs
 c. Isothenuria
 d. Broad cast in urine
 e. All of the above
Ref: Harrison's 18/e p2310
- 146. Decrease in GFR is apparent in which of the following stages of Chronic Kidney Disease:**
 a. Stage I
 b. Stage II
 c. Stage III
 d. Stage IV
Ref: Harrison's 18/e p2319
- 147. Signs and symptoms of a Renal Failure are evident when Renal function deteriorates by more than:**
 a. 40%
 b. 50%
 c. 60%
 d. 80%
Ref: Harrison's 18/e p335, 2317
- 148. Overt symptoms of Renal failure become evident when Renal Function Deteriorates by more than:**
 a. 40-50%
 b. 50-60%
 c. 70-80%
 d. >90%
Ref: Harrison's 18/e p2289
- 149. Restless leg syndrome (RLS) is seen in:** (AI 2009)
 a. Hypercalcemia
 b. Hyperphosphatemia
 c. Chronic renal failure
 d. Hyperkalemia
Ref: Harrison's 18/e p218, 2317, 17/e p176, 1768
- 150. Central nervous system manifestation in chronic renal failure are result of all of the following, except:** (AI 2003)
 a. Hyperosmolality
 b. Hypocalcemia
 c. Acidosis
 d. Hyponatremia
Ref: Harrison's 18/e p2317, 17/e p2317

Ans. 135. a. Prerenal azotemia	136. a. Urinary Na⁺ < 10 mmol/L	137. c. Urinary sodium...	138. c. Pre-renal failure
139. d. Blood urea...	140. d. Plasma BUN/Creatinine...	141. a and b	142. d. Hypercalcemia
143. a. Aminoglycoside...	144. a. Acute renal failure	145. e. All of the above	146. b. Stage II
147. c. 60%	148. c. 70-80%	149. c. Chronic renal failure	150. b. Hypocalcemia

151. Chronic Renal Diseases / failure is commonly associated with:

- Metabolic acidosis
- Metabolic alkalosis
- Respiratory acidosis
- Respiratory alkalosis

Ref: Harrison's 18/e p2312, 17/e p1764

152. Which of the following metabolic complications is not seen in Chronic Renal Failure: (DNB Dec 2010)

- Hyperkalemia
- Hyponatremia
- Hypercalcemia
- Hyperphosphatemia

Ref: Harrison's 18/e p23213, 2317, 17/e p1763 Table 274.31

153. Renal osteodystrophy differs from nutritional and genetic forms of osteomalacia in having: (AI 2002)

- Hypocalcemia
- Hypercalcemia
- Hypophosphatemia
- Hyperphosphatemia

Ref: Harrison's 18/e p336, 3109

154. Nail and half nail sign, seen in uremia is: (AIIMS May 07)

- Due to melanin deposition
- Increased capillary density at the distal half of nails
- Hypoproteinemia
- Circulating toxin

Ref: Harrison's 18/e p2317

155. All improves after dialysis except: (AIIMS Nov 08)

- Pericarditis
- Peripheral neuropathy
- Metabolic acidosis
- Seizure

Ref: Harrison's 18/e p2314

156. A girl aged 8 years has been admitted for dialysis. She has serum K of 7.5 meq/l, which is the fastest way to reduce the hyperkalemia? (AI 2009)

- Kayexalate enema
- Infusion of insulin + glucose
- IV calcium gluconate
- IV NaHCO₃

Ref: Harrison's 18/e p359

157. A patient in Chronic renal failure presents with tall peaked T waves on ECG. Management includes: (select two options): (PGI June 05)

- IV K-bicarbonate
- KCl
- CaCl₂
- Sodium bicarbonate

Ref: Harrison's 18/e p2314

158. All of the following are used for treatment of hyperkalaemia except: (AIIMS May '06)

- Calcium gluconate
- Sodium bicarbonate

- Intravenous infusion of glucose with insulin
- Beta blockers

Ref: Harrison's 18/e p358, 359

F. CONGENITAL DISEASES OF THE KIDNEY

159. In proximal renal tubular acidosis, most important feature is: (DP PGME 2010)

- Vitamin D resistant rickets
- Dehydration and fever
- Nephrocalcinosis
- Bicarbonate loss

Ref: Harrison's 18/e p2364, 2385, 17/e p1805

160. True about adult polycystic kidney disease is all except:

- Autosomal dominant inheritance (AIIMS 2001)
- Hypertension is rare
- Can be associated with cysts in liver, lungs and pancreas
- Pyelonephritis is common

Ref: Harrison's 18/e p2355, 2356

161. Which of the following is associated with adult polycystic kidney disease? (AIIMS 2001)

- Berry Aneurysm in Circle of Willis
- Saccular aneurysms of aorta
- Fusiform aneurysms of aorta
- Leutic aneurysms

Ref: Harrison's 18/e p2356, 17/e p1798

162. Polycystic disease of the kidney may have cysts in all of the following organs except: (AI 2004)

- Lung
- Liver
- Pancreas
- Spleen

Ref: Harrison's 18/e p2356, 17/e p1798

163. Which of the following is the common extrarenal involvement in autosomal dominant polycystic kidney disease: (AIIMS Nov 04)

- Mitral valve prolapse
- Hepatic cysts
- Splenic cysts
- Colonic diverticulosis

Ref: Harrison's 18/e p2355-56

164. Which one of the following statements is wrong regarding adult polycystic kidney disease: (AIIMS May 04)

- Kidneys are enlarged in size
- The presentation is unilateral
- Intracranial aneurysms may be associated
- Typically manifests in the 3rd decade

Ref: Harrison's 18/e p2356, 17/e p1798

165. All of the following are true about Childhood Polycystic Kidney Disease, except: (AI 2009)

- Autosomal Dominant
- Pulmonary Hypoplasia may be seen
- Renal cysts are present at birth
- Congenital Hepatic fibrosis may be seen

Ref: Harrison's 18/e p2358, 17/e p1799

Ans.	151. a. Metabolic Acidosis	152. c. Hypercalcemia	153. d. Hyperphosphatemia	154. b. Increased capillary density...
	155. b and d	156. b. Infusion of insulin...	157. c. CaCl₂, d. Sodium...	158. d. Beta blockers
	159. d. Bicarbonate loss	160. b. Hypertension is rare	161. a. Berry Aneurysm in...	162. a. Lung
	163. b. Hepatic cysts	164. b. The presentation is...	165. a. Autosomal Dominant	

166. Which of the following is the most common renal cystic disease in infants is? (AI 2005)

- Polycystic kidney
- Simple renal cyst
- Unilateral renal dysplasia
- Calyceal cyst

Ref: OP Ghai 7/e p470

167. A 12-year-old boy is referred for evaluation of nocturnal enuresis and short stature. The blood pressure is normal. The blood urea is 112 mg/dl, creatinine 6 mg/dl, sodium 119 mEq/l, potassium 4 mEq/l, calcium 7mg/dl, phosphate 6mg/dl and alkaline phosphatase 400 U/l. Urinalysis shows trace proteinuria with hyaline casts; no red and white cells are seen. Ultrasound shows bilateral small kidneys and the micturating cystourethrogram is normal. The most likely diagnosis is: (AIIMS Nov 03)

- Alport's syndrome
- Medullary sponge kidney
- Chronic glomerulonephritis
- Nephronophthisis

Ref: Harrison's 18/e p2359

168. An 8 year old child suffering from recurrent attacks of polyuria since childhood presents to the paediatrics OPD. On examination the child is short statured. Vitals and B.P. are normal. Serum Creatinine – 6 mg%, HCO₃ – 16 meg, Na-134, K+ 4.2. On USG bilateral small kidneys are seen. Diagnosis is: (AIIMS May 01)

- Reflux Nephropathy
- Nephronophthisis
- Polycystic kidney disease
- Medullary cystic kidney disease

Ref: Harrison's 18/e p2359, 17/e p1799

169. Medullary cystic disease of the kidney is best diagnosed by: (AI 2002)

- Ultrasound
- Nuclear scan
- Urography
- Biopsy

Ref: Robbin's 8/e p960

170. The most common cause of renal scarring in a 3 year old child is: (AI 2005)

- Trauma.
- Tuberculosis.
- Vesicoureteral reflux induced pyelonephritis.
- Interstitial nephritis.

Ref: Ghai 8/e p506

171. The neonatal kidney achieves concentrating ability equivalent to adult's kidney by: (AI 2004)

- One year of age
- Eighteen months of age
- Three to six months of age
- Just before puberty

Ref: Ghai 8/e p464

G. RENAL TUMOURS

172. Papillary necrosis is seen in all except: (MP PG 2010)

- Diabetic nephropathy
- Sickle cell anemia
- Renal cell carcinoma
- Analgesic abuse nephropathy

Ref: Harrison's 17/e p1825; Robins 8/e p946

173. The most common histological variant of renal cell carcinoma is: (AIIMS Nov 2005)

- Clear cell type
- Chromophobe type
- Papillary type
- Tubular type

Ref: Harrison's 18/e p793

174. Chromophobe variant of Renal cell carcinoma is associated with: (AI 2010)

- VHL gene mutations
- Trisomy of 7 and 17 (+7, +17)
- 3 p deletions (3p-)
- Monosomy of 1 and Y (-1, -Y)

Ref: Harrison's 18/e p793

175. A 40 year old man presented with painless hematuria. Bimanual examination revealed a ballotable mass over the right flank. Subsequently right nephrectomy was done and mass was seen to be composed of cells with clear cytoplasm. Areas of hemorrhage and necrosis were frequent. Cytogenic analysis of this mass is likely to reveal an abnormality of: (AI 2004)

- Chromosome 1
- Chromosome 3
- Chromosome 11
- Chromosome 17

Ref: Harrison's 18/e p793

176. Paraneoplastic syndrome associated with RCC are all of the following except: (AI 2009)

- Polycythemia
- Hypercalcemia
- Malignant hypertension
- Cushing syndrome

Ref: Harrison's 18/e p793

177. A pt. presented with renal cell carcinoma invading IVC and the renal vein. False statement is:

- Preoperative biopsy is not necessary
- IVC involvement indicates inoperability
- Preoperative radiotherapy is not essential
- Chest X-ray should be done to rule out pulmonary metastasis

Ref: Harrison's 18/e p793, 794

178. All are associated with Wilm's tumor except one:

(AIIMS Feb 1997)

- Anirida
- Male pseudohermaphrodite
- Arthrogryposis multiplex congenital
- Hemihypertrophy

Ref: Ghai 8/e p617

Ans. 166. c. Unilateral renal...	167. d. Nephronophthisis	168. b. Nephronophthisis	169. d. Biopsy
170. c. Vesicoureteral...	171. a. One year of age	172. c. Renal cell carcinoma	173. a. Clear cell type
174. d. Monosomy of...	175. b. Chromosome 3	176. d. Cushing syndrome	177. b. IVC involvement indicates...
178. c. Arthrogryposis...			

179. The most important determinant of prognosis in Wilms tumor: (AI 2006)
- Stage of disease
 - Loss of heterozygosity of chromosome 1p
 - Histology
 - Age less than one year at presentation
- Ref: Ghai 8/e p617
180. Which of the following is the Post – Chemotherapy based staging system in Wilm's tumor: (AI 2009)
- National Wilm's Tumor staging System (NWTSG)
 - International Society of Pediatric Oncology (SIOP)
 - AJCC TNM
 - Chadwick
- Ref: Ghai 8/e p617

H. MISCELLANEOUS

181. Renal osteodystrophy differs from nutritional osteomalacia by having ____: (MHPGM-CET 2010)
- Increased phosphates
 - Increased calcium
 - Decreased calcium
 - None of the above
- Ref: Robbin's 8/e p1219, 436
182. HIV associated nephropathy is severe from of:
- Focal segmental glomerulosclerosis (Rajasthan 2009)
 - Membranous nephropathy
 - Membrano –proliferative glomerulonephritis
 - Focal segmental glomerulonephritis
- Ref: Harrison's 18/e p1553, 3353
183. Renal transplant is indicated in: (Rajasthan 2009)
- Advanced chronic renal failure
 - Polycystic kidney diseases
 - Pyelonephritis
 - Nephrolithiasis
- Ref: Harrison's 18/e p2310
184. Necrotizing papillitis is seen in: (Rajasthan 2008)
- Diabetes
 - Hypothyroidism
 - SLE
 - Nephrotic syndrome
- Ref: Robbin's 8/e p934
185. Tumor lysis syndrome is associated with all of the following laboratory features, except: (AP 2010)
- Hyperkalemia
 - Hypercalcemia
 - Hyperuricemia
 - Hyperphosphatemia
- Ref: Harrison's 18/e p356, 362, 2274
186. Renal Osteodystrophy can be differentiated from nutritional & genetic forms of vitamin-D deficiency effect by having: (AP 2010)
- Hypophosphatemia
 - Hyperphosphatemia
 - Hypocalcemia
 - Hypercalcemia
- Ref: Harrison's 18/e p336, 3109
187. Not seen in Hemolytic-uremic syndrome: (AP 2011)
- Subnephrotic range proteinuria
 - Hypofibrinogenemia
 - Thrombocytopenia
 - Positive coombs test
- Ref: Harrison's 18/e p970, 310
188. Multiple cavitory lesion in lungs, hematuria and renal insufficiency are features in a patient with:
- Polyarteritis nodosa (DP PGMEET 2009)
 - Churg strauss syndrome
 - Wegener's granulomatosis
 - Temporal arteritis
- Ref: Harrison's 18/e p2789, 17/e p2121
189. Vesicouretral reflux is diagnosed by: (J & K 2010)
- Abdomen ultra sound
 - Radionuclide scan
 - Intravenous pyelography
 - Voiding cystourethrography
- Ref: Harrison's 18/e p2371-2372
190. Within the normal kidney: (J & K 2012)
- 33% of the filtered sodium load is reabsorbed in the proximal tubules
 - Antidiuretic hormone(ADH) increase the water permeability of the distal tubules
 - 50% of the filtered sodium is reabsorbed in the loop of Henle
 - Absorption of sodium in the proximal convoluted tubule is mediated by aldosterone
- Ref: CMDT 2011
191. Which of the statements about Renal Tubular Acidosis type I (Type I RTA) is not true: (AI 2012)
- Failure to acidify urine to a pH < 5
 - Associated with increased risk of urinary stones
 - Associated with hyperkalemia
 - Treatment involves alkali replacement as bicarbonate
- Ref: Harrison's 18/e p2364
192. Positive Urinary Anion Gap helps to establish the diagnosis of: (AI 2009)
- Alcoholic ketoacidosis
 - Diabetic ketoacidosis
 - Renal tubular Acidosis
 - Acidosis in Diarrhea
- Ref: Harrison's 18/e p368, 2364 17/e p292
193. Interstitial nephritis is seen with all except: (AIIMS May 07)
- Beta lactam inhibitors
 - INH
 - Diuretics
 - Allopurinol
- Ref: Harrison's 18/e p2367
194. Necrotizing pappillitis may be seen in all of the following conditions except: (AI 2002)
- Sickle cell disease
 - Tuberculous pyelonephritis
 - Diabetes mellitus
 - Analgesic nephropathy
- Ref: Harrison's 18/e p2367, 17/e p1807, 1825, 1826

Ans.	179. c. Histology	180. b. International Society...	181. a. Increased phosphates	182. a. Focal segmental...
	183. a. Advanced chronic...	184. a. Diabetes	185. b. Hypercalcemia	186. b. Hyperphosphatemia
	187. d. Positive coombs...	188. c. Wegener's granulomatosis	189. d. Voiding...	190. b. Antidiuretic hormone...
	191. c. Associated with...	192. c. Renal tubular Acidosis	193. b. INH	194. b. Tuberculous pyelonephritis

195. Necrotizing papillitis is seen in: (AIIMS 2002)
 a. Salicylate poisoning
 b. Glomerulonephritis
 c. PNH
 d. Diabetes insipidus
Ref: Harrison's 18/e p2372
196. Necrotizing papillitis is seen in all of the following except: (AIIMS May 02)
 a. Salicylate poisoning
 b. Renal vascular thrombosis
 c. PNH
 d. Diabetes mellitus
Ref: Harrison's 18/e p2372
197. Which of the following is associated with Renal Papillary Necrosis:
 a. Alcohol
 b. Heroin
 c. Morphine
 d. Tramadol
Ref: Robbin's 8/e p945
198. Features of Hepatorenal syndrome are (select two options):
 a. Urine sodium < 10 meq/l (PGI June 06)
 b. Normal renal histology
 c. Renal function abnormal even after liver become normal
 d. Proteinuria < 500 mg/day
Ref: Harrison's 18/e p2601
199. Which of the following statements is incorrect with regard to Hepatorenal syndrome in a patient with cirrhosis:
 a. Creatinine clearance < 40 ml/min (AI 2003)
 b. Urinary sodium < 10mq/L
 c. Urine osmolality lower than plasma osmolality
 d. No sustained improvement in renal function after volume expansion.
Ref: Harrison's 18/e p2601
200. Which of the following statements is incorrect with regard to hepatorenal syndrome in a patient with cirrhosis: (AIIMS Nov 2004)
 a. The creatinine clearance is > 40 ml/min
 b. The urinary sodium is less than 10 mmol/L
 c. The urine osmolality is lower than the plasma osmolality
 d. There is poor response to volume expansion
Ref: Harrison's 18/e p2601
201. A 28 year old boy met with an accident and sustained severe crush injury. He is most likely to develop: (AIIMS Nov 09)
 a. Acute Renal Failure
 b. Hypophosphatemia
 c. Hypercalcemia
 d. Acute Myocardial Infarction
Ref: Harrison's 18/e p2300; Table 279-1
202. Rhabdomyolysis and Myoglobinuria may be seen in: (PGI June 02)
 a. Viperbite
 b. Multiple Hornet Stings
 c. Clostridium Perfringes
 d. Streptococcus
 e. All of the above
Ref: Harrison's 18/e p2298
203. All of the following are causes of Rhabdomyolysis and myoglobinuria, except: (PGI Dec 06)
 a. Hyperpyrexia
 b. Viper snake venom
 c. Hyperthyroidism
 d. Multiple Hornet Stings
 e. All of the above
Ref: Harrison's 18/e p2298
204. All of the following are true about Rhabdomyolysis, except: (PGI Dec 04)
 a. Hyperuricemia
 b. Hyperphosphatemia
 c. Hypercalcemia
 d. Creatine kinase
Ref: Harrison's 18/e p2300
205. Features of Rhabdomyolysis include all of the following, except: (PGI Dec 04)
 a. Acute muscular weakness
 b. Myoglobinuria
 c. Hemoglobinuria
 d. Acute renal failure
Ref: Harrison's 18/e p2300
206. A 65 year old male smoker presents with gross total painless hematuria. The most likely diagnosis is: (AI 2003)
 a. Carcinoma of urinary bladder
 b. Benign prostatic hyperplasia
 c. Carcinoma prostate
 d. Cystolithiasis
Ref: Bailey 26/e p791
207. An elderly male presents with one episode of gross haematuria. All of the following investigations are recommended for investigating this patient except: (AI 2007)
 a. Cystoscopy
 b. Urine microscopy for malignant cells
 c. Urine tumor markers
 d. Intravenous Pyelogram
Ref: Bailey 26/e p2337
208. A 60 yr old smoker came with a history of painless gross hematuria for one day. Most logical investigation would be: (AI 2007)
 a. Urine routine
 b. Plain X ray KUB
 c. USG KUB
 d. Urine microscopy for malignant cytology
Ref: Bailey 26/e p2337, 338
209. A seven year old asymptomatic girl is found to have persistent hypertension. There is no significant history and urine examination is normal. Which of the following is the most likely cause: (AI 2010)
 a. Essential hypertension
 b. Renal parenchymal disease
 c. Polycystic kidney disease
 d. Coarctation of aorta
Ref: Harrison's 18/e p353, 2285

Ans. 195. a. Salicylate poisoning	196. c. PNH	197. b, c and d	198. a and b
199. c. Urine osmolality...	200. a and c	201. a. Acute Renal Failure	202. e. All of the above
203. c. Hyperthyroidism	204. c. Hypercalcemia	205. c. Hemoglobinuria	206. a. Carcinoma of urinary bladder
207. c. Urine tumor...	208. d. Urine microscopy	209. b. Renal Parenchymal...	

210. A child presented with intermittent episodes of left sided flank pain. Ultrasonography reveals a large hydronephrosis with dilated renal pelvis and cortical thinning with a normal ureter. Kidney differential function was observed to be 19% which of the following is the best management:
 a. Nephrectomy (AI 2010)
 b. Pyeloplasty
 c. External Drainage
 d. Endopyelostomy
211. All of the following are features of Bartter's syndrome, except:
 a. Hypokalemia
 b. Hypermagnesemia
 c. Hyperprostaglandin
 d. Hyper calciurea Ref: Harrison's 18/e p353
212. Urinary K⁺ excretion is increased in: (AIIMS Nov 04)
 a. Bronchiectasis
 b. Meningitis
 c. Osteomyelitis
 d. Hepatitis
213. Renal damage due to amphotericin B are all, except:
 a. Azotemia (AIIMS Nov 01)
 b. Renal tubular acidosis
 c. Glomerulonephritis
 d. Hypokalemia Ref: Goodman Gilman 11/e p1228
214. Which of the following drugs is not a part of the 'Triple Therapy' immunosuppression for post-renal transplant patients?
 a. Cyclosporine
 b. Azathioprine
 c. FK 506
 d. Prednisolone Ref: Harrison's 18/e p2329, 2331
215. The kidney produces all of the following substances except:
 a. Erythropoietin (J & K 2012)
 b. 1, 25-hydroxycholecalciferol
 c. Renin
 d. Angiotensin-converting enzyme Ref: Ganong 24/e p703

Ans. 210. b. Pyeloplasty	211. b. Hypermagnesemia	212. d. Hepatitis	213. c. Glomerulonephritis
214. c. FK 506	215. d. Angiotensin-converting...		

6. LIVER AND BILIARY TRACT

- A. Ascites
- B. Cirrhosis and its Complications
- C. Disorders of Biliary Tract
- D. Hemochromatosis
- E. Hepatitis
- F. Hepatocellular Carcinoma
- G. Jaundice
- H. Miscellaneous

LIVER AND BILIARY TRACT (QUESTIONS)

A. ASCITES

1. Chylous ascites is caused by all of the following except:
 - a. Colloid carcinoma of stomach (AIIMS Nov 02)
 - b. Tuberculosis
 - c. Trauma
 - d. Nephrotic syndrome Ref: Harrison's 18/e p332
2. Which of the following statement about ascites is true?
 - a. Hemorrhagic ascites is diagnosed when RBC count $> 1,000/\text{mm}^3$ (PGI June 05)
 - b. SBP is diagnosed when neutrophil count $> 500/\text{mm}^3$
 - c. Large volume paracentesis is indicated in SBP
 - d. USG can detect as little as 100 mL of peritoneal fluid
 - e. Norfloxacin is the drug of choice in SBP Ref: Harrison's 18/e p2601
3. The most likely cause of fluctuating jaundice in a middle aged or elderly man is: (Comed K 2010)
 - a. Periampullary carcinoma
 - b. Liver fluke infestation
 - c. Choledochal cyst
 - d. Carcinoma head of pancreas Ref: Harrison's 18/e p786

B. CIRRHOSIS AND ITS COMPLICATIONS

4. The indicator of active multiplication of Hepatitis B virus is: (Karnataka 2011)
 - a. HbsAg
 - b. HbcAg
 - c. HbeAg
 - d. None of the above Ref: Harrison's 18/e p2550 17/e p1933
5. Which of the following is suggestive of acute hepatitis B infection? (Maharashtra 2011)
 - a. HBsAg and Anti-HBC IgG
 - b. HBsAg and anti-HBC IgM
 - c. HBsAg, HBeAg, and HBV DNA
 - d. HBsAg, HBeAg or HBV DNA Ref: Harrison's 18/e p2550 17/e p1934, 1944; Table 298-4
6. Which is not seen during the acute phase of Hepatitis B infection? (Kerala PG 09)
 - a. HBV DNA
 - b. HBs Ag
 - c. IgM Anti HBe Ag
 - d. IgM Anti HBc Ag Ref: Harrison's 18/e 2550, 17/e p1942
7. A 40 years male presented with following serologic markers of hepatitis-B are Hbe Ag, HBV DNA, and anti HBc. Diagnosis is:
 - a. Acute hepatic-B
 - b. Acute hepatitis progress to chronic infection

- c. Fulminant hepatitis impending to coma
- d. Hepatitis-B carrier's state

Ref: CMDT-10-606; Harrison's 17/e p1943, Harrison's 18/e p2550

8. Which of the following hepatitis B markers present in chronic hepatitis with high infectivity stage is: (UP 2011)
 - a. Anti HBs Ag HBe Ag
 - b. Anti HBc IgM HBe Ag
 - c. Anti HBc IgG HBe Ag
 - d. Anti HBs Ag. Anti HBe Ag Ref: Harrison's 18/e p2540, 2541, 2550
9. Which one of the following hepatitis viruses have significant perinatal transmission: (Rajasthan 2009)
 - a. Hepatitis E virus
 - b. Hepatitis C virus
 - c. Hepatitis B virus
 - d. Hepatitis A virus

Ref: Harrison's 18/e p2546-2547

10. In a 3 year old child, most common cause of hepatitis B is: (Rajasthan 2009)

- a. Pin prick
- b. Saliva exchange
- c. Perinatal
- d. Blood transfusion

Ref: Harrison's 18/e p956, 2546

11. The marker of Hepatitis B in the window period is: (Rajasthan 2009)
 - a. HBsAG
 - b. Anti HBsAG
 - c. Anti HBC
 - d. HBcAg Ref: Harrison's 18/e p2550
12. Which one of the following is a RNA virus? (J & K 2011)
 - a. Human papilloma virus
 - b. Herpes simplex virus
 - c. Hepatitis E virus
 - d. Cytomegalovirus

Ref: Platinum notes Harrison's 18/e p2543

13. Viral hepatitis which spreads by faeco-oral route is:
 - a. D
 - b. C
 - c. B
 - d. E

Ref: Harrison's 18/e p2546

14. In chronic HBV infection, persistent active replication of virus is indicated by: (J & K 2010)
 - a. HBeAg
 - b. Anti HBe
 - c. HBcAg
 - d. All of the above

Ref: Harrison's 18/e p2568-2569

- | | | | | |
|-------------|----------------------------|-----------------------------------|-------------------------------|---------------------------|
| Ans. | 1. a. Colloid carcinoma... | 2. d. USG can detect as little... | 3. a. Periampullary carcinoma | 4. c. HbeAg |
| | 5. b. HBsAg and anti... | 6. d. IgM Anti HBc Ag | 7. a. Acute hepatic-B | 8. c. Anti HBc IgG HBe Ag |
| | 9. c. Hepatitis B virus | 10. d. Blood transfusion | 11. c. Anti HBC | 12. c. Hepatitis E |
| | 13. d. E | 14. a. HBeAg | | |

15. **Micronodular cirrhosis is commonly seen in all except:** (AIIMS Nov 07)
 a. Chronic hepatitis B
 b. Alcoholic liver disease
 c. Hemochromatosis
 d. Chronic extrahepatic biliary obstruction
Ref: 'Pathology: Basic and systemic' by Woolfe 1998/587, 597
16. **A patient presents with esophageal varices and a liver span of 10cm. All of the following are likely causes, except:** (PGI Dec 04)
 a. Haemochromatosis
 b. Alcoholic liver disease
 c. Veno-occlusive disease
 d. Post necrotic cirrhosis
 e. Budd-chiari syndrome *Ref: Harrison's 18/e p2597*
17. **Enlarged liver with Hepatocellular dysfunction may be seen in all of the following, except:** (PGI June 05)
 a. Wilson's disease
 b. Budd chiari syndrome
 c. Alcoholic hepatitis
 d. NASH
 e. Post necrotic syndrome *Ref: Harrison's 18/e p2597*
18. **All of the following statements about primary sclerosing cholangitis are true, except:** (PGI Dec 03)
 a. Increased incidence in females
 b. Associated with inflammatory bowel disease
 c. May involve both intra and extrahepatic ducts
 d. ERCP is a sensitive investigation
Ref: Harrison's 18/e p2596
19. **A child presents with massive hematemesis and systemic hypotension. He has no fever or other significant history. Examination reveal massive splenomegaly but no hepatomegaly. Likely diagnosis is:** (AIIMS Nov 01)
 a. Hepatocellular carcinoma
 b. Bleeding duodenal ulcer
 c. Oesophageal varices
 d. Non-cirrhotic portal fibrosis
Ref: Harrison's 18/e p2598
20. **Ingestion of arsenic causes:** (AIIMS May 01)
 a. Hepatic carcinoma
 b. Hepatic adenoma
 c. Non cirrhotic portal fibrosis
 d. Hepatic cirrhosis *Ref: API 6/e p591; API 17/e p621*
21. **Which of the following is the most common presenting symptom of non-cirrhotic portal hypertension?** (AI 2006)
 a. Chronic liver failure
 b. Ascites
 c. Upper gastrointestinal bleeding
 d. Encephalopathy *Ref: Harrison's 18/e p2598*
22. **In patients with cirrhosis of the liver the site of obstruction in the portal system is in the:** (AI 2004)
 a. Hepatic vein
 b. Post sinusoidal
 c. Extrahepatic portal vein
 d. Sinusoids *Ref: Harrison's 18/e p2597*
23. **An 18 year old male presents with massive hematemesis; he has history of fever for the past 14 days for which he was managed with drugs; moderate splenomegaly is present; diagnosis is:** (AI 2001)
 a. NSAID induced duodenal ulcer
 b. Drug induced gastritis
 c. Esophageal varices
 d. None of the above *Ref: Harrison's 18/e p2598*
24. **A young boy, Rahul presents with massive hematemesis. He had fever for 15 days few days back which was treated with few drugs. Clinical examination reveal moderate splenomegaly. No other history is positive Probable diagnosis is:** (AIIMS Nov 01)
 a. Drug induced gastritis
 b. Oesophageal tear
 c. Bleeding duodenal ulcer
 d. Oesophageal varices
Ref: Harrison's 18/e p2598
25. **A man presents with history of hematemesis of about 500 mL of blood. On examination, spleen is palpable 5 cms below the left costal margin. The most likely diagnosis is:** (AI 2012)
 a. Portal hypertension
 b. Gastric ulcer
 c. Drug induced
 d. Mallory Weiss tear
Ref: Harrison's 18/e p320, Bailey 26/e p25981
26. **All can be used as endoscopic sclerosants in the treatment of variceal bleeding, except:** (AIIMS Nov 01)
 a. Polydochyl
 b. Cynoacrylate
 c. Alcohol
 d. Acetic acid *Ref: Harrison's 18/e p2535*
27. **Stigmata of chronic liver disease include all of the following, except:** (DNB 2010)
 a. Parmar erythema
 b. Spinder naevi
 c. Testicular atrophy
 d. Subcutaneous nodules *Ref: Internet*
28. **Skin stigmata of Liver disease include all of the following, except:** (DNB 2011)
 a. Parmar erythema
 b. Paper money skin
 c. Drumstick fingers
 d. Subcutaneous nodules
Ref: Hepatology: Textbook and Atlas by Kunte Springer 2008/84
29. **Which of the following is not a precipitating factor for hepatic encephalopathy in patients with chronic liver disease?** (AIIMS May 05)
 a. Hypokalemia
 b. Hyponatremia
 c. Hypoxia
 d. Metabolic acidosis
Ref: Harrison's 18/e p2601; 17/e p1979

Ans.	15. a. Chronic hepatitis B	16. d. Post necrotic...	17. e. Post necrotic syndrome	18. a. Increased incidence in...
	19. d. Non-cirrhotic...	20. c. Non cirrhotic portal...	21. c. Upper gastrointestinal...	22. d. Sinusoids
	23. c. Esophageal varices	24. d. Oesophageal...	25. a. Portal Hypertension	26. d. Acetic acid
	27. d. Subcutaneous...	28. d. Subcutaneous nodules	29. d. Metabolic acidosis	

30. Hepatic encephalopathy is predisposed by all, except:
 a. Hyperkalemia (PGI June 03)
 b. Dehydration
 c. Constipation
 d. G1 Bleeding
 e. SBP

Ref: Harrison's 18/e p2601 Harrison's 17/e p2601

31. Features of acute fulminant hepatic failure include all of the following except: (PGI June 01)
 a. Hyperglycemia
 b. Hypomagnesemia
 c. Hepatorenal syndrome
 d. Intracranial hemorrhage
 e. Coagulopathy

32. In a child with acute liver failure, the most important prognostic factor for death is: (AIIMS 06)
 a. Increasing transaminase
 b. Increasing bilirubin
 c. Increasing prothrombin time
 d. Gram-negative sepsis

Ref: Harrison's 18/e p2530 17/e p1926

33. In patients with acute liver failure, the best prognostic indicator is: (AIIMS May 01)
 a. Serum albumin
 b. Serum alpha-fetoprotein
 c. Serum bilirubin
 d. Factor V estimation

Ref: API 17/e p602; CMDT 2003/ 637; 09/592

34. A symmetric high-voltage, triphasic slow wave pattern is seen on EEG in the following: (AIIMS May 06)
 a. Hepatic encephalopathy
 b. Uremic encephalopathy
 c. Hypoxic encephalopathy
 d. Hypercarbic encephalopathy Ref: Harrison's 16/e p1868

35. Flapping tremors may be associated with all of the following, except: (DNB 2010)
 a. Hepatic encephalopathy
 b. Uremia
 c. CO₂ narcosis
 d. Thyrotoxicosis Ref: Internet

36. Following liver transplantation, recurrence of primary disease in the liver most likely occurs in: (AIIMS Nov 05)
 a. Wilson disease
 b. Autoimmune hepatitis
 c. Alpha - 1 antitrypsin deficiency
 d. Primary biliary cirrhosis

Ref: Harrison's 18/e p2611, 17/e p1987, 1988

37. Features of hepatorenal syndrome are (select two options): (PGI June 06)
 a. Urine sodium < 10 meq/L
 b. Normal renal histology
 c. Renal function abnormal even after liver become normal
 d. Proteinuria < 500 mg/day

Ref: Harrison's 18/e p2601

38. Which of the following statements is incorrect with regard to hepatorenal syndrome in a patient with cirrhosis?
 a. Creatinine clearance < 40 mL/min (AI 2003)
 b. Urinary sodium < 10mq/L
 c. Urine osmolality lower than plasma osmolality
 d. No sustained improvement in renal function after volume expansion

Ref: Harrison's 18/e p2601

39. Which of the following statements is incorrect with regard to hepatorenal syndrome in a patient with cirrhosis: (AIIMS Nov 2004)
 a. The creatinine clearance is > 40 mL/min
 b. The urinary sodium is less than 10 mmol/L
 c. The urine osmolality is lower than the plasma osmolality
 d. There is poor response to volume expansion

Ref: Harrison's 18/e p2601

C. DISORDERS OF BILIARY TRACT

40. 5-nucleotidase activity is increased in: (AI 2005)
 a. Bone diseases
 b. Prostate cancer
 c. Chronic renal failure
 d. Cholestatic disorders

Ref: Harrison's 18/e p2529, 17/e p1925

41. The most common site of intestinal obstruction in gallstone ileus is: (AIIMS May 05, AI 04)
 a. Duodenum
 b. Jejunum
 c. Ileum
 d. Sigmoid colon

Ref: Harrison's 18/e p2618

42. Which of the following is not an indication for cholecystectomy: (AIIMS May 05)
 a. 70 year old male with symptomatic gall stone
 b. 20 years old male with sickle cell anemia and symptomatic gallstones
 c. 65 year old female with a large gallbladder polyp
 d. 55 year old with an asymptomatic gallstone

Ref: Harrison's 18/e p2620

43. A 69 year old male patient having coronary artery disease was found to have gall bladder stones while undergoing a routine ultrasound of the abdomen. There was no history of biliary colic or jaundice at any time. What is the best treatment advice for such a patient for his gallbladder stones: (AIIMS Nov 03, AI 03)

- a. Open cholecystectomy
 b. Laparoscopic cholecystectomy
 c. No surgery for gallbladder stones
 d. ERCP and removal of gallbladder stones

Ref: Harrison's 18/e p2620

Ans.	30. a. Hyperkalemia	31. a. Hyperglycemia	32. c. Increasing prothrombin...	33. d. Factor V estimation
	34. a. Hepatic...	35. d. Thyrotoxicosis	36. b. Autoimmune hepatitis	37. a and b
	38. c. Urine osmo-*/lality...	39. a and c	40. d. Cholestatic disorders	41. c. Ileum
	42. d. 55 year old with...	43. c. No surgery for...		

D. HEMOCHROMATOSIS

44. **Best investigation in alcoholic liver disease is:** (Kerala PG 09)
- GGT
 - SGPT
 - SGOT
 - Alkaline phosphatase

Ref: Harrison's 18/e p2590, 17/e p1970

45. **Antimitochondrial antibodies are found in:** (AP 2012)
- Drug induced hepatitis
 - Chronic active hepatitis
 - Primary biliary cirrhosis
 - All of the above

Ref: Harrison's 18/e p2595

46. **A 55 year old man with a 10 years history of alcohol consumption developed fatty liver. Which of the following best explains the pathogenesis of the liver disease:**
- Increased synthesis of glycerol 3- phosphate
 - Decreased hydrolysis of fat in adipose tissue.
 - Increased synthesis of VLDL (MP PG 2010)
 - Increases beta – oxidation of fatty acids

Ref: Harpaer's textbook of biochemistry 28/e p218

47. **Which one of the following is least expected to precipitate hepatic encephalopathy in a liver cirrhosis patient?** (AP 2010)
- Peritoneal tap
 - Antibodies treatment
 - Variceal bleed
 - Hypokalemia

Ref: Harrison's 18/e p2601

48. **A patient presents with Arthritis, hyperpigmentation of skin and hypogonadism, likely diagnosis is:** (AI 2001)
- Hemochromatosis
 - Ectopic ACTH secreting tumour of the lung
 - Wilson's disease
 - Rheumatoid arthritis

Ref: Harrison's 18/e p3164, 17/e p2433

49. **Earliest phenotypic manifestation of idiopathic hereditary hemochromatosis is:** (AIIMS May 07)
- Postprandial increase in serum iron concentration
 - Elevated serum ferritin level
 - Slate grey pigmentation of skin
 - Increased transferrin saturation

Ref: Harrison's 18/e p3165, 17/e p2431, 2432

50. **Lallo, aged 54 years, who is a known diabetic patient develops cirrhosis. There is associated skin hyperpigmentation and restrictive cardiomyopathy which of the following is the best initial test to diagnose this case:** (AIIMS Nov 2000)
- Iron binding capacity
 - Serum ferritin
 - Serum copper
 - Serum ceruloplasmin

Ref: Harrison's 18/e p3165, 17/e p2433

51. **Which of the following statements about hemochromatosis is not true:** (DNB June 2011)

- Hypogonadism may be seen
- Arthropathy may occur
- Diabetes mellitus may develop
- Desferrioxamine is treatment of choice

Ref: Harrison's 18/e p2312, 17/e p1764, 2433

52. **All of the following statements about hereditary hemochromatosis are true except:** (AI 2008)

- Arthropathy involving small joints of hands may be seen
- Skin pigmentation is a frequent presentation
- Desferrioxamine is the treatment of choice
- Hypogonadism may be seen

Ref: Harrison's 18/e p3165, 3166, 17/e p2433

53. **All are seen in hemochromatosis except:** (AI 2008)

- Hypogonadism
- Arthropathy
- Bronze diabetes
- Desferrioxamine is the treatment of choice.

Ref: Harrison's 18/e p3166, 17/e p2433

54. **Which of the following statements about Hemochromatosis is true:** (AI 2009)

- Shows complete penetrance
- Inherited as an autosomal recessive disorder
- Phlebotomy is curative
- More common in females

Ref: Harrison's 18/e p3163, 17/e p2430, 2431, 2432

E. HEPATITIS

55. **A 50 year old lady presented with history of pain upper abdomen, nausea, and decreased appetite for 5 days. She had undergone cholecystectomy 2 years back. Her bilirubin was 10 mg/dL, SGPT 900 IU/L SGOT 700 IU/L and serum alkaline phosphatase was 280 IU/L. What is the most likely diagnosis:**

- Acute pancreatitis (AIIMS Nov 05)
- Acute cholangitis
- Acute viral hepatitis
- Posterior penetration of peptic ulcer

Ref: Harrison's 18/e p2549

56. **Councilman bodies are seen in:** (AIIMS Nov 07)

- Wilson disease
- Alcoholic hepatitis
- Acute viral hepatitis
- Auto immune hepatitis

Ref: Robbins 7/e p899; 'Pathology' by wolf (1998)/572

57. **The commonest hepatotropic virus progressing to chronicity is:**

- HEV (AIIMS May 01)
- HAV
- HBV
- HCV

Ref: Harrison's 18/e p2546

Ans.	44. c. SGOT	45. c. Primary biliary cirrhosis	46. c. Increased synthesis of...	47. a. Peritoneal tap
	48. a. Hemochromatosis	49. d. Increased transferrin...	50. a. Iron binding capacity	51. d. Desferrioxamine is...
	52. c. Desferrioxamine is...	53. d. Desferrioxamine is the...	54. b. Inherited as an...	55. c. Acute viral hepatitis
	56. c. Acute viral hepatitis	57. d. HCV		

58. Chronic hepatitis is caused by (select two options):

- a. Hepatitis A (PGI June 03)
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis E
- e. Hepatitis G

Ref: Harrison's 18/e p2567

59. Which of the following hepatitis viruses have significant perinatal transmission:

- a. Hepatitis E virus
- b. Hepatitis C virus
- c. Hepatitis B virus
- d. Hepatitis A virus

Ref: Harrison's 18/e p2546

60. Non-parenteral hepatitis is:

- a. Hep E
- b. Hep B
- c. Hep C
- d. Hep D

Ref: Harrison's 18/e p2546

61. All of the following are correctly matched, except:

- a. LKM1 - Autoimmune Hepatitis (AIIMS Nov 2010)
- b. LKM2 - Drug Induced Hepatitis
- c. LKM1 - Chronic Hepatitis C
- d. LKM2 - Chronic Hepatitis D

Ref: Harrison's 18/e p2567

62. Chronic Active Hepatitis can be best differentiated from Chronic Persistent Hepatitis by:

- a. HBs Ag
- b. Antibody to HBs Ag
- c. Histopathology
- d. None of the above

(DNB 2011)

63. Hepatitis B can be transmitted through all of the following, except:

- a. Semen
- b. Blood
- c. Breast milk
- d. Fecal-oral (stool)

(DNB 2011)

Ref: Harrison's 18/e p2546

64. Chances of vertical transmission of Hepatitis B may be as high as:

- a. 25%
- b. 40%
- c. 60%
- d. 90%

(DNB 2011)

Ref: Harrison's 18/e p2547

65. Early diagnosis of acute hepatitis B infection is made by:

- a. Presence of HBe Ag in serum
- b. Presence of IgM anti-HBc in serum
- c. Presence of Hbs Ag in serum
- d. Presence of IgG anti-HBc in serum

(AIIMS Nov 03)

Ref: Harrison's 18/e p2539

66. Early diagnosis of active hepatitis B infection is done by:

- a. IgM HBcAg antibody
- b. HBsAg
- c. HBcAg

(AIIMS June 2000)

d. IgE HBsAg antibody

Ref: Harrison's 18/e p2539, 2540, 2544; 17/e p1938, 1934, 1943

67. Which of the following markers in the blood is the most reliable indicator of recent hepatitis B infection?

- a. HBsAg
- b. IgG anti - HBs
- c. IgM anti - HBc
- d. IgM anti - Hbe

(AIIMS May 03)

Ref: Harrison's 18/e p2539

68. Which of the following is a marker for Active Hepatitis B?

- a. HBe Ag
- b. IgM Anti HBs Ag
- c. HBs Ag
- d. Ig G Anti HB1 Ag

(DNB 2012)

Ref: Harrison's 18/e p2540

69. All of the following are markers of active replicative of chronic hepatitis B, except:

- a. HBV DNA
- b. HBV DNA Polymerase
- c. HBeAg
- d. AST and ALT

(AIIMS Nov 08)

Ref: Harrison's 18/e p2540, 2550

70. Which of the following is the most sensitive marker of active Hepatitis B virus replication:

- a. HBV DNA
- b. HBV DNA polymerase
- c. HBeAg
- d. Transaminases

(PGI 08)

Ref: Harrison's 18/e p2540, 2550

71. Acute hepatitis B is diagnosed by:

- a. HBsAg
- b. HBe Ag
- c. Anti- HBs AG
- d. IgM anti - HBc
- e. HBV DNA

(PGI Dec 04)

Ref: Harrison's 18/e p2550

72. A 35-year-old male patient presented with history of jaundice for 15 days. The onset was preceded by a prodromal illness. His serum tested positive for HBsAg. A clinical diagnosis of acute Hepatitis B was made. What should be the next best confirmatory investigation:

- a. Anti-HBeAg antibody
- b. HBe antigen
- c. Anti-HBe IgM antibody
- d. HBV DNA by PCR

(AIIMS May 04)

Ref: Harrison's 18/e p2550

73. A thirty-year man presented with nausea, fever and jaundice of 5 days duration. The biochemical tests revealed a bilirubin of .7 mg/dL (conjugated .0 mg/dl) with SGOT/SGPT (AST/ALT) of 1230/900 IU/mL. The serological tests showed presence of HBs Ag, IgM anti-HBc and HBeAg. The most likely diagnosis is:

- a. Chronic hepatitis B infection with high infectivity
- b. Acute hepatitis B infection with high infectivity
- c. Chronic hepatitis infection with low infectivity
- d. Acute hepatitis B infection with low infectivity

(AIIMS Nov 02)

Ref: Harrison's 18/e p2540, 2550, 2551

Ans.	58. b and c	59. c. Hepatitis B virus	60. a. Hep E	61. d. LKM2 - Chronic...
	62. c. Histopathology	63. d. Fecal-oral (stool)	64. d. 90%	65. b. Presence of IgM anti...
	66. a. IgM HBcAg...	67. a. HBsAg	68. a. HBe Ag	69. d. AST and ALT
	70. a. HBV DNA	71. a and d	72. None	73. b. Acute hepatitis B infection...

74. A male patient is observed to be HBs Ag antigen positive HBe Ag antigen negative and anti-HBe antibody positive. HBV DNA copies are observed to be 100,000/ml while SGOT and SGPT are elevated to 6 times the upper limit of normal value. What is the likely diagnosis: (AI 2010)
- HBV surface mutant
 - HBV precore mutant
 - Wild HBs Ag
 - Inactive HBV carrier
- Ref: Harrison's 18/e p2541*
75. A patient is found to be positive for HBs Ag on routine laboratory evaluation. Other serological tests for hepatitis are unremarkable. He is clinically asymptomatic and liver enzymes are within the normal range. Which of the following best describes his diagnosis: (AI 2010)
- Inactive HBV carrier
 - Acute hepatitis B
 - Chronic hepatitis B
 - Active HBV carrier
- Ref: Harrison's 18/e p2550*
76. The following is a marker of acute hepatitis B infection: (AIIMS Nov 07)
- DNA polymerase
 - Hepatitis core antigen
 - Anti HBs
 - IgG to core antigen
- Ref: Harrison's 18/e p2550*
77. All of the following are seen in active chronic hepatitis B except: (AIIMS Nov 07)
- IgM against core antigen
 - Total core antibody
 - HBeAg
 - HbsAg
- Ref: Harrison's 18/e p2550*
78. In a patient only Anti HBsAg is positive in serum, all other viral markers are negative. This indicates: (AIIMS June 2000)
- Acute hepatitis
 - Chronic active hepatitis
 - Persistent carrier
 - Immunized person with hepatitis B vaccine
- Ref: Harrison's 18/e p2550*
79. A patient is found to be positive only for Anti HBsAg. All other viral markers are negative. The likely diagnosis is: (PGI 2009)
- Vaccination
 - Chronic hepatitis B
 - Acute hepatitis B
 - Fulminant hepatitis B
- Ref: Harrison's 18/e p2550*
80. The marker for determining efficacy of hepatitis B vaccination is: (DNB 2010)
- HBs Ag
 - IgM Anti HBc
 - IgG Anti HBc
 - Anti – HBs Ag
- Ref: Harrison's 18/e p2550*
81. The only serological marker present in the 'window period' of Hepatitis B is: (DNB 2011)
- Anti HBc
 - HBs Ag
 - Anti HBS Ag
 - HBe Ag
- Ref: Harrison's 18/e p2550*
82. All of the following should be included during preliminary evaluation of a case of suspected acute viral hepatitis except: (AIIMS June 2000)
- Hbs Ag
 - IgM anti HBc
 - Anti-HCV
 - IgM anti HBe
- Ref: Harrison's 18/e p2550*
83. A 30-year-old patient presented with history of jaundice for 30 days. His liver function tests showed bilirubin of 100mg/dL, SGOT/SGPT-1100/1450, serum alkaline phosphatase-240 IU. He was positive for Hbs Ag. What should be the confirmatory test to establish Acute hepatitis B infection?
- IgM Anti-HBc antibody
 - HbeAg
 - HBV DNA by PCR
 - Anti-HBc antibody
- Ref: Harrison's 18/e p2550*
84. HBV Replication is indicated by all of the following, except: (PGI Dec 06)
- HBV DNA
 - DNA polymerase
 - HBe Ag
 - HBs Ag
- Ref: Harrison's 18/e p2550*
85. A 35 years old man was found +ve for HBsAg and HBeAg, accidentally during screening of blood donation. On lab examination SGOT and SGPT are normal. What should you do next: (AI 2002)
- Liver biopsy
 - Interferon therapy
 - Observation
 - HBV-DNA estimation
- Ref: Harrison's 18/e p2550*
86. A person is screened for blood donation. Which of the following serology is safe for blood donation: (PGI June 03)
- Anti HBsAg positive
 - HBsAg positive
 - Anti HBC positive (IgM)
 - HBcAg positive
- Ref: Harrison's 18/e p2550*
87. A blood donor is not considered for safe transfusion, if he has: (AI 2000)
- Anti HBs Ag +ve
 - Anti HBs Ag and HBc Ag +ve
 - Hbs Ag +ve, and IgM anti HBc +ve
 - Anti HBe +ve
- Ref: Harrison's 18/e p2550*
88. Reverse transcriptase of hepatitis B virus is coded on the following gene: (AI 2000)
- C gene
 - S gene
 - P gene
 - X gene
- Ref: Harrison's 18/e p2540*

Ans.	74. b. HBV precore...	75. a. Inactive HBV carrier	76. a. DNA polymerase	77. a. IgM against core antigen
	78. d. Immunized person...	79. a. Vaccination	80. d. Anti – HBs Ag	81. a. Anti HBc
	82. d. IgM anti HBe	83. a. IgM Anti-HBc antibody	84. d. HBs Ag	85. d. HBV-DNA estimation
	86. a. Anti HBsAg positive	87. c. Hbs Ag +ve, and IgM...	88. c. P gene	

89. A young male was found to be HBsAg positivity and HBe Ag negative. His liver enzymes were normal. The next step in management of this young male should be: (AI 2008)
- Lamivudine therapy
 - Lamivudine plus IFN therapy
 - Start IFN therapy
 - Serial monitoring
- Ref: Harrison's 18/e p2575*
90. A 26 year old man was observed to be positive for HBs Ag but negative for HBe Ag. The AST / ALT levels were observed to be within normal limits. The next step in management of this patient should be: (DNB 2011)
- Serial monitoring
 - Antiviral treatment with Lamivudine monotherapy
 - Antiviral treatment with Lamivudine and pulsed IFN
 - Antiviral treatment with IFN α alone
- Ref: Harrison's 18/e p2576*
91. Lamivudine is recommended for treatment of chronic hepatitis B when: (DNB 2012)
- HBe Ag positive
 - HBe Ag Negative
 - ALT > 2 xULN
 - Viral DNA > 102 copies
- Ref: Harrison's 18/e p2576*
92. Which one of the following pairs regarding Hepatitis B is not correctly matched: (AIIMS Nov 2010)
- Acute Viral Hepatitis B - Supportive care
 - Acute Viral Hepatitis B - Antiviral therapy
 - Chronic Viral Hepatitis B - Supportive care
 - Chronic Viral Hepatitis B - Antiviral therapy
- Ref: Harrison's 18/e p2554*
93. All of the following statements about Hepatitis B are true, except: (AIIMS Nov 2010)
- Vertical transmission is more common than horizontal transmission in non-endemic areas
 - Age of onset determines prognosis
 - Period of communicability lasts several months
 - Virus can be detected in blood one month before jaundice
- Ref: Harrison's 18/e p2547*
94. Extrahepatic manifestations of hepatitis B include all of the following except: (PGI June 01)
- Aplastic anemia
 - Guillain Barre syndrome
 - Pancreatitis
 - Gall stone disease
 - Cryoglobulinemia
- Ref: Harrison's 18/e p2547, 2549*
95. HBs Ag positive person may have all of the following associated renal lesions, except: (PGI Dec 06)
- Membranous glomerulonephritis (MGN)
 - Membrano proliferative glomerulonephritis (MPGN)
 - Mesangiocapillary glomerulonephritis
 - Focal Segmental glomerulosclerosis (FSGS)
- Ref: Harrison's 18/e p2549, 2552*
96. Interferon treatment is recommended in chronic hepatitis B in patients with: (PGI June 07)
- $\uparrow$ HBV DNA and normal ALT
 - $\uparrow$ HBV DNA and $\uparrow$ ALT
 - $\uparrow$ HBV DNA and compensated cirrhosis
 - $\uparrow$ HBV DNA and decompensated cirrhosis
- Ref: Harrison's 18/e p2575, 2576*
97. Agents recommended for treatment of chronic Hepatitis B include all of the following, except: (PGI June 05)
- Interferon
 - Lamivudine
 - Adefovir
 - Entecavir
 - Famcyclovir
- Ref: Harrison's 18/e p2569*
98. Chronic liver disease is most commonly caused by: (AI 2000)
- Hepatitis B
 - Hepatitis A
 - Hepatitis C
 - Hepatitis E
- Ref: Harrison's 18/e p2546*
99. Hepatitis C virus is associated with: (AI 2000)
- Anti LKM antibody
 - Scleroderma
 - Cryoglobulinemia
 - Polyarteritis nodosa
- Ref: Harrison's 18/e p2550*
100. Extrahepatic manifestations of Hepatitis C include all of the following except: (PGI June 04)
- Lichen planus
 - Celiac Disease
 - Glomerulonephritis
 - Cryoglobulinemia
 - Polyarthrititis
- Ref: Harrison's 18/e p2549, 2552*
101. Hepatic C is associated with all except: (PGI June 08)
- PAN
 - Dermatomyositis-like syndrome
 - Lichen Planus
 - Psoriasis
- Ref: Harrison's 18/e p2579*
102. A 30 year old patient with H/O antibodies to HCV for 6 months duration and his AST/ALT is normal. There is no symptom or stigmata of liver disease. The most appropriate approach: (PGI June 04)
- Reassure the patient
 - Repeat titre every three years
 - Repeat enzymes every year
 - Do liver biopsy and start antiviral drugs accordingly.
- Ref: Harrison's 18/e p2582*
103. A 30 year old patient with H/O persistent antibodies to HCV for 6 months duration and his AST/ALT is normal. There is no symptom or stigmata of liver disease. The most appropriate approach: (PGI June 04)
- Reassure the patient
 - Repeat titre every three years
 - Repeat enzymes every year
 - Do liver biopsy and start antiviral drugs accordingly.
 - Determine HCV RNA levels
- Ref: Harrison's 18/e p2543*

Ans.	89. d. Serial monitoring	90. a. Serial monitoring	91. c. ALT > 2 xULN	92. b. Acute Viral...
	93. a. Vertical...	94. d. Gall stone disease	95. d. Focal Segmental...	96. b. $\uparrow$ HBV DNA and...
	97. e. Famcyclovir	98. c. Hepatitis C	99. a. Anti LKM antibody	100. b. Celiac Disease
	101. b. Dermatomyositis...	102. d. Do liver biopsy and...	103. e. Determine HCV...	

104. A 55 year old male patient was diagnosed to have chronic hepatitis C. He responded to treatment with interferon. However, after one year of follow up he showed a relapse of disease. Which of the following would be the next most appropriate choice? (AIIMS Nov 03)

a. Ribavirin and interferon
b. Lamivudine and interferon
c. Nevirapine and lamivudine
d. Indinavir and ribavirin.

Ref: Harrison's 18/e p2583

105. Sustained response to antiviral therapy (IFN + Ribavirin) in hepatitis C is indicated by: (PGI Dec 04)

a. High HCV-RNA
b. Cirrhosis
c. Age > 40 years
d. Genotype I
e. Female Sex

Ref: Harrison's 18/e p2583

106. During an epidemic of hepatitis E, fatality is maximum in: (AI 2000)

a. Pregnant women
b. Infants
c. Malnourished male
d. Adolescents

Ref: Harrison's 18/e p2552

107. Most common cause of acute sporadic hepatitis in India is: (DNB 2012)

a. Hepatitis E
b. Hepatitis B
c. Hepatitis C
d. Hepatitis D

Ref: Harrison's 18/e p2548

108. Characteristic auto antibodies of autoimmune hepatitis include all of the following, except: (PGI Dec 06)

a. Antinuclear antibodies (ANA)
b. Anti SLA
c. Anti LKM1
d. ANCA

Ref: Harrison's 18/e p2586

109. Ratio of AST/ALT > 1 is present in: (AIIMS May 07)

a. Non alcoholic steatohepatitis
b. Alcoholic hepatitis
c. Wilson's disease
d. All of the above

Ref: Harrison's 18/e p2529, 2590

110. Which is useful to decrease mortality and renal failure in acute liver disease due to alcoholism: (AIIMS May 07)

a. Pentoxifylline
b. Orlistat
c. S-Adenosyl methionine
d. Syrlamysin

Ref: Harrison's 18/e p2591

111. Non alcoholic steatohepatitis is seen in all, except:

a. Diabetes
b. Obesity
c. Hypertriglyceridemia
d. Total parenteral nutrition
e. Gall stone disease

(PGI June 05)

Ref: Harrison's 18/e p2604

112. All of the following statements about non alcoholic fatty liver disease are true, except: (PGI June 01)

a. Common in diabetics
b. Clofibrate provides effective treatment
c. Commonest cause of cryptogenic cirrhosis
d. Associated with elevated transaminases

Ref: Harrison's 18/e p2605

F. HEPATOCELLULAR CARCINOMA

113. Which of the following is seen in gallstone disease?

a. Decreased bile and cholesterol ratio (Kerela PG 2008)
b. Increased bile and cholesterol ratio
c. Equal bile and cholesterol ratio
d. Cholesterol only

Ref: Harrison's 16/e p1181; 1882; 18/e 2616, 2617, 17/e p1992

114. Which of the following disease is not a cause of indirect hyperbilirubinemia? (DP PGME 2009)

a. Rotor's syndrome
b. Crigler najjar syndrome
c. Gilbert syndrome
d. Hereditary spherocytosis

Ref: Harrison's 18/e p2536, 17/e p1927

115. 38 year old man Babbu, a chronic alcoholic, presents with pain in abdomen. On examination his liver is enlarged and serum α fetoprotein is elevated. The most likely diagnosis is: (AI 2000)

a. Hepatocellular carcinoma
b. Liver cell hyperplasia
c. Hepatic adenoma
d. Hepatitis

Ref: Harrison's 18/e p779, 17/e p582

116. Increase in alpha-fetoprotein is seen in: (AIIMS June 2000)

a. Hepatoblastoma
b. Neuroblastoma
c. Thymoma
d. Angiosarcoma

Ref: Robbin's 8/e p327; Table 7-12

117. All of the following are true about fibrolamellar carcinoma of the liver except: (AI 2001)

a. More common in females
b. Better prognosis than HCC
c. AFP levels always greater than 1000
d. Occur in younger individuals

Ref: Harrison's 18/e p784, 17/e p585

G. JAUNDICE

118. Conjugated hyperbilirubinemia is seen in:

a. Gilbert's syndrome (AIIMS May 2006)
b. Crigler Najjar syndrome
c. Breast milk jaundice
d. Dubin Johnson syndrome

Ref: Harrison's 18/e p2535

Ans.	104. a. Ribavirin and...	105. e. Female Sex	106. a. Pregnant women	107. a. Hepatitis E
	108. d. ANCA	109. b. Alcoholic hepatitis	110. a. Pentoxifylline	111. e. Gall stone disease
	112. b. Clofibrate provides...	113. a. Decreased bile and...	114. a. Rotor's syndrome	115. a. Hepatocellular carcinoma
	116. a. Hepatoblastoma	117. c. AFP levels always...	118. d. Dubin Johnson..	

119. A patient presents with unconjugated hyperbilirubinemia and presence of urobilinogen in urine. Which amongst the following is the least likely diagnosis: (AI 2010)
- Hemolytic jaundice
 - Crigler Najjar syndrome
 - Gilbert's syndrome
 - Dubin Johnson syndrome *Ref: Harrison's 18/e p2535*
120. A patient presents with unconjugated hyperbilirubinemia and elevated urobilinogen levels in urine. The most likely diagnosis is: (AI 2010)
- Hemolytic Jaundice
 - Crigler Najjar syndrome
 - Gilbert's syndrome
 - Dubin Johnson syndrome *Ref: Harrison's 18/e p325-327*
121. A young male with gallbladder stones shows the following test results; serum bilirubin 2.5, Hb 6; urine test positive for urobilinogen; diagnosis is: (AI 2001)
- Hemolytic jaundice
 - Obstructive jaundice
 - Hepatocellular jaundice
 - Protoporphyrria *Ref: Harrison's 18/e 325-327, 17/e p262, 263, 264*
122. A young pt presents with jaundice. Total bilirubin is 21, direct is 9.6, alkaline phosphatase is 84 KA units. Diagnosis is: (AI 2001)
- Hemolytic jaundice
 - Viral hepatitis
 - Chronic active hepatitis
 - Obstructive jaundice *Ref: Harrison's 18/e p325*
123. True statement about unconjugated hyperbilirubinemia (select three options): (PGI Dec 05)
- 85% of the total should be indirect
 - Seen in hemolytic anemia
 - Seen in ↑ hemoglobin destruction (↑ bilirubin production)
 - 50% of the total should be indirect
 - It is seen in biliary atresia and neonatal hepatitis *Ref: Harrison's 18/e 9325-27, 17/e p262*
124. Abnormal excretory function of hepatocytes may be assessed by: (PGI June 07)
- Increased PT
 - Increased ALT
 - Increased alkaline phosphatase
 - Increased gamma GT *Ref: Harrison's 18/e p2529*
125. Increased B12 level is seen in all, except: (AI 2000)
- Cirrhosis
 - Primary hepatocellular Ca
 - Hepatitis
 - Cholestatic jaundice *Ref: Internet*
126. The test used to diagnose Dubin Johnson syndrome is: (AI 2007)
- Serum transaminases
 - BSP test
 - Hippurate test
 - Gamma glutamyl transferase level *Ref: Harrison's 18/e p2535*

127. True about Crigler Najjar type II syndrome is: (PGI Dec 97)
- Diglucuronide deficiency
 - Recessive trait
 - Kernicterus is seen
 - Phenobarbitone is not useful *Ref: Harrison's 18/e p2533*

H. MISCELLANEOUS

128. All of the following are true of Reye's syndrome, except:
- If frequently complicated viral infections
 - Prothrombin time is prolonged (Feb DP PGME 2009)
 - Disease may be precipitated by salicylates
 - Deep jaundice is present *Ref: Harrison's 18/e p1463, 1465, 1417*
129. Hepatorenal syndrome type 1 is characterized by:
- Proteinuria and urinary sediment (Karnataka 2011)
 - Urine sodium more than 40 mmol/day
 - Urine/plasma osmolality ratio more than 1.5
 - Haemodialysis is very useful *Ref: Harrison's 18/e p2601*
130. Raised levels of alkaline phosphatase with absence of increase in aminotransferases and normal bilirubin levels is seen in: (MHPGM-CET 2010)
- Hyperthyroidism
 - Hodgkin's lymphoma
 - Inflammatory bowel disease
 - All of the above *Ref: Harrison's 18/e 2528, 2529, 17/e p1925*
131. Vitamin that should be first supplemented during treatment of alcoholic patient? (MHPGM-CET 2009, 2010)
- Cyanocobalamin
 - Folic acid
 - Thiamine
 - Vitamin C *Ref: Harrison's 18/e 597, 17/e p442*
132. Not a criteria for hepatorenal syndrome: (WB PG 08)
- Absent Kidney disease
 - Does not respond to volume correction
 - Creatinine clearance > 140 ml/min
 - Urine sodium excretion < 10%/present in 10% population of hepatic failure. *Ref: CMDT 2008 p587; Harrison's 18/e 2601, 17/e p1979*
133. "Peliosis hepatis" occurs commonly with use of: (MP PG 2008)
- Danazol
 - Doxycycline
 - Disulfiram
 - Diazepam *Ref: Harrison's 17/e p1950*
134. In Budd chiari syndrome, the site of venous thrombosis is: (UP 2011)
- Infra venal IVC
 - Infra hepatic IVC
 - Hepatic veins
 - Portal veins *Ref: Harrison's 18/e p779, 332*

Ans.	119. d. Dubin Johnson...	120. a. Hemolytic Jaundice	121. a. Hemolytic jaundice	122. d. Obstructive...
	123. a b, and c.	124. c and d.	125. d. Cholestatic jaundice	126. b. BSP test
	127. b. Recessive trait	128. d. Deep jaundice is present	129. c. Urine/plasma...	130. d. All of the above
	131. c. Thiamine	132. c. Creatinine clearance...	133. a. Danazol	134. c. Hepatic veins

135. **Palpable purpura is seen in:** (Rajasthan 2009)
 a. HSP
 b. Churg Strauss
 c. Wagner granulomatosis
 d. Giant cell arteritis
Ref: Harrison's 18/e p148, 421
136. **In alcoholic liver disease AST: ALT ratio is:** (Rajasthan 2008)
 a. > 3:1
 b. > 2:1
 c. > 1:3
 d. > 1:2
Ref: Harrison's 18/e p2590
137. **All of the following are true about Warfarin therapeutic usage except:** (AP 2010)
 a. The INR is maintained between 2 and 3
 b. It is very useful in the prophylaxis of thromboembolism
 c. Its effect is monitored by observing the clotting time
 d. Used in DVT
Ref: Harrison's 18/e p998-1000
138. **The principal causes of death in Hemochromatosis include all, except:** (AP 2010)
 a. Hepatocellular failure or portal hypertension
 b. Congestive cardiac failure
 c. Diabetes mellitus
 d. Hepatocellular carcinoma
Ref: Harrison's 18/e p3166, 3162
139. **Earliest presentation of hepatic encephalopathy is:** (AP 2012)
 a. Convulsions
 b. Altered sleep pattern
 c. Stupor
 d. Coma
Ref: Harrison's 18/e p2601
140. **Classical human hemochromatosis actually depend on the mutations of the:**
 a. HJV gene
 b. HAMP gene
 c. TFR2 gene
 d. HFE gene
Ref: Harrison's 18/e p3162
141. **King's College criteria for orthotopic liver transplantation in acute liver failure (paracetamol induced) include all of the following except:** (Comed K 2011)
 a. pH < 7.30
 b. PT > 100s
 c. Grade three encephalopathy
 d. Serum Bilirubin > 300 micromol/L
142. **In Gilbert's syndrome, all are true except:** (DP PGMEE 2010)
 a. Conjugated hyperbilirubinemia
 b. Fasting hypoglycemia
 c. Normal liver histology
 d. Liver enzymes normal
Ref: Harrison's 18/e p2533, 17/e p1929-1930
143. **Example of intrahepatic presinusoidal portal hypertension is:** (J & K 2011)
 a. Schistosomiasis
 b. Cirrhosis
 c. Budd-chiari syndrome
 d. Portal vein thrombosis
Ref: Harrison's 18/e p2598
144. **Which of the following is a feature of intravascular hemolysis?** (J & K 2012)
 a. Hemoglobinemia
 b. Increased unconjugated bilirubin
 c. Increased conjugated bilirubin
 d. Hemosiderinuria
Ref: Harrison's 18/e p881
145. **What is the most common cause for Budd Chiari syndrome:**
 a. Right ventricular failure
 b. PNH
 c. Valve in hepatic veins
 d. Polycythemia vera
Ref: Robbin's 8/e 872-873, 6/e p883; 7/e p919
146. **In Budd Chiari syndrome, the site of venous thrombosis is:**
 a. Infrahepatic inferior vena cava
 b. Infrarenal inferior vena cava
 c. Hepatic veins
 d. Portal veins
Ref: Robbin's 8/e 872-873
147. **Which of the following statements about Wilson's disease is true:** (AI 2010)
 a. Low serum ceruloplasmin and low urinary copper
 b. Low serum ceruloplasmin and high urinary copper
 c. High serum ceruloplasmin and low urinary copper
 d. High serum ceruloplasmin and high urinary copper
Ref: Harrison's 18/e p3189, 17/e p2450
148. **A 12 years old girl with tremors and emotional liability has golden brown discolouration in Descemet's membrane. The most likely diagnosis is:** (AI 04)
 a. Fabry's disease
 b. Wilson's disease
 c. Glycogen storage disease
 d. Acute rheumatic fever
Ref: Harrison's 18/e p3188, 17/e p2449, 2450
149. **All of the following statements about Wilson's disease are true, except:** (AIIMS May 04)
 a. It is an autosomal recessive disorder
 b. Serum ceruloplasmin level is < 20 mg/dL
 c. Urinary copper excretion is < 100 mg/dL
 d. Zinc acetate is effective as maintenance therapy
Ref: Harrison's 18/e p3188, 3189 Harrison's 17/e p2450
150. **Which of the following statements regarding liver enzymes is true:** (DNB Dec 2012)
 a. ALT is less specific indicator of liver injury than AST
 b. Absolute levels of aminotransferase correlate with outcome
 c. Glutathione-S- transferase is used as a hepatic prognostic marker after surgery
 d. None of the above
Ref: Harrison's 18/e p2528

Ans.	135. a. HSP	136. b. > 2:1	137. c. It's effect is...	138. c. Diabetes mellitus
	139. b. Altered sleep...	140. d. HFE gene	141. d. Serum Bilurubin...	142. b. Fasting hypoglycemia
	143. d. Portal vein...	144. c. Increased conjugated...	145. d. Polycythemia vera	146. c. Hepatic veins
	147. b. Low serum...	148. b. Wilson's disease	149. c. Urinary copper...	150. c. Glutathione-S-Transferase...

151. Increased LDH is an important marker for:

- a. Bulky disease (DNB 2011)
- b. Lymphoma
- c. Liver metastasis
- d. Lung metastasis

Ref: Internet-pubmed

152. Indications for Liver transplantation include: (PGI 09)

- a. Hemochromatosis
- b. Primary biliary cirrhosis
- c. Sclerosing cholangitis with ulcerative colitis
- d. Sclerosing cholangitis without ulcerative colitis
- e. All of the above

Ref: Harrison's 18/e p2607-2608

153. Quantitative assessment of liver function can be done by:

- a. Degree of ↑ transaminases (PGI Dec 05)
- b. Degree of ↑ alkaline phosphatase
- c. Degree of ↑ GGT
- d. Estimation of galactose elimination capacity

Ref: Textbook of Hepatology' by Rodes 3/e p475

154. Hepatomegaly is a feature of all of the following, except:

- a. Von Gierke's Disease (AI 2009)
- b. Hurler's Disease
- c. Nieman Pick Disease
- d. Hepatic porphyrias

Ref: Harrison's 18/e p3172-3179

155. Which one of the following serum levels would help in distinguishing an acute liver disease from chronic liver disease? (AI 2005)

- a. Aminotransaminase
- b. Alkaline phosphatase
- c. Bilirubin
- d. Albumin

Ref: Harrison's 16/e p1815

156. Treatment of choice for Echinococcus granulosus is:

- a. Albendazole (DNB 2010)
- b. Mebendazole
- c. Thiobendazole
- d. Praziquantel

Ref: Harrison's 18/e p1763

157. Bland cholestasis is caused by all of the following drugs, except: (PGI Dec-04)

- a. Androgen
- b. OCP
- c. Cyclosporine
- d. Estrogen
- e. Chlorpromazine

Ref: Robbin's 8/e p856

158. Wilson's disease is best diagnosed by: (DNB June 11, 10)

- a. Increased serum ceruloplasmin
- b. Increased urinary copper excretion
- c. Decreased liver copper
- d. Absence of KF rings

Ref: Harrison's 18/e p3189, 17/e p2450

Ans.	151. a. Bulky Disease	152. e. All of the Above	153. d. Estimation...	154. d. Hepatic porphyrias
	155. d. Albumin...	156. a. Albendazole	157. c. Cyclosporine	158. b. Increased urinary...

7. ENDOCRINOLOGY

- A. Disorders of Pituitary Gland
- B. Disorders of Thyroid Gland
- C. Disorders of Calcium Metabolism
- D. Diabetes Mellitus
- E. Disorders of Adrenal Cortex
- F. Endocrine Tumors
- G. Miscellaneous

ENDOCRINOLOGY (QUESTIONS)

A. DISORDERS OF PITUITARY GLAND

1. All of the following are associated with gigantism/acromegaly, except: (DNB)

a. Mental Retardation
b. Hyperhydrosis
c. Visceromegaly
d. Impaired glucose tolerance

Ref: Harrison's 18/e p2894; Williams Textbook of Endocrinology

2. A middle aged man noticed that he can no longer fit in his shoes and that his jaw was protruding and phalanges were enlarged. These effects are likely to be mediated by: (DNB)

a. ACTH
b. Somatomedins
c. TRH
d. TGF Beta

Ref: Harrison's 18/e p2871-2894

3. Which of the following is the most common type of pituitary adenoma? (AIIMS May 05)

a. Thyrotropinoma
b. Gonadotropinoma
c. Prolactinoma
d. Corticotropinoma

Ref: Harrison's 18/e p2888

4. A 30 year old woman presented with secondary amenorrhoea for 3 years along with galactorrhoea. The most likely cause of her symptoms would be: (AI 2004)

a. Craniopharyngioma
b. Prolactinoma
c. Meningioma
d. Subarachnoid haemorrhage

Ref: Harrison 18/e p2889, Harrison 17/e p2206

5. Ramkali bai, a 35 year old female presented with one year history of menstrual irregularity and galactorrhoea. She also had off-and-on headache. Her examination revealed bitemporal superior quadrantanopia. Her fundus examination showed primary optic atrophy. Which of the following is the most likely diagnosis in this case: (AIIMS Nov 2004)

a. Craniopharyngioma
b. Pituitary macroadenoma
c. Ophthalmic ICA aneurysm
d. Chiasmal glioma

Ref: API 7/e p864; see previous question; Harrison 17/e p2206;

Harrison 18/e p2889, 2890

6. In a lady with bilateral superior temporal quadrantanopia, galactorrhoea, the most probable cause is: (AI 2009)

a. Pituitary macroadenoma
b. Craniopharyngioma
c. Sheehan's syndrome
d. Pituitary hypophysitis

Ref: Harrison 18/e p2880

7. A young woman with secondary amenorrhea and galactorrhoea. MRI shows a tumour of < 10mm diameter in the pituitary fossa. Treatment is: (PGI June 04)

a. Hormonal therapy for withdrawal bleeding
b. Radiotherapy
c. Chemotherapy
d. Bromocriptine
e. Surgery

Harrison 17/e p2206; Harrison 18/e p2890

8. Confirmatory investigation for Acromegaly is:

(PGI June 01)

a. Insulin induced GH suppression
b. Glucose induced GH suppression
c. Random GH assay
d. IGF - I level

Harrison 17/e p2210; Harrison 18/e p2894

9. Nelson's syndrome is most likely seen after:

(AIIMS May 05)

a. Hypophysectomy
b. Adrenalectomy
c. Thyroidectomy
d. Orchidectomy

Ref: Harrison 18/e p2899, Harrison 17/e p2214;

Basic Clinical Endocrinology (Lange) 7/e p162;

10. All are associated with pituitary apoplexy except:

(AIIMS May 07)

a. Hyperthyroidism
b. Diabetes mellitus
c. Sickle cell anemia
d. Hypertension

Ref: Harrison 17/e 2198; Harrison 18/e p2879

11. A patient meets with an accident with resultant transection of the pituitary stalk; what will NOT occur: (AI 01)

a. Diabetes mellitus
b. Diabetes insipidus
c. Hyperprolactinemia
d. Hypothyroidism

Ref: Harrison 18/e p2886

12. SIADH is associated with the following drug: (AI 2007)

a. Vincristine
b. Erythromycin
c. 5 - FU
d. Methotrexate

Ref: Harrison 16/e p2102; 18/e p2908, 17/e p2222

13. All of the following statements about SIADH are true except: (AIIMS Nov 2011)

a. Serum sodium is low, typically < 135 meq/L
b. Urinary sodium excretion is low / normal
c. Water loading test may be used
d. Vaptans are new FDA approved agents for treatment of SIADH

Ref: Harrison's 18/e p2908, 2909, 2910; Harrison's 17/e p2222; CMDT 2007/891; 'Spiral Manual of Endocrinology and Metabolism' by Lavin (4th)/70-74; 'Disease of kidney and Urinary Tract' by Shrier (Lippincott Williams) 8/e p2220; 'Renal and Electrolyte Disorders' by Shrier (Lippincott Williams) 2010/40

Ans.	1. a. Mental Retardation	2. b. Somatomedins	3. c. Prolactinoma	4. b. Prolactinoma
	5. b. Pituitary...	6. a. Pituitary macroadenoma	7. d. Bromocriptine	8. b. Glucose...
	9. b. Adrenalectomy	10. a. Hyperthyroidism	11. a. Diabetes mellitus	12. a. Vincristine
	13. b. Urinary...			

14. Inappropriate ADH secretion is characterised by the following except: (AI 2000)
 a. Hypo-osmolar urine
 b. Water intoxication
 c. Expanded fluid volume
 d. Hypomagnesemia
Ref: Harrison 17/e p2222; Harrison 18/e p2908, 2909
15. The syndrome of inappropriate antidiuretic hormone is characterized by the following: (AI 2003)
 a. Hyponatremia and urine sodium excretion > 20 meq/L
 b. Hypernatremia and urine sodium excretion > 20 meq/L
 c. Hyponatremia and hyperkalemia
 d. Hypernatremia and hypokalemia
Ref: Harrison 17/e p2222; CMDT 2007/891; CMDT 2009/770; Harrison 18/e p2908, 2909
16. Which of the following is the drug of choice for the treatment of inappropriate anti-diuretic hormone secretion: (AIIMS Nov 05)
 a. Frusemide
 b. Hydrochlorothiazide
 c. Spironolactone
 d. Demeclocycline
Ref: Harrison 17/e p2223; Katzung 10/e p249; Harrison 18/e p2910
17. All of the following conditions are known to cause diabetes insipidus, except: (AIIMS May 04) (AI 2005)
 a. Multiple sclerosis
 b. Head injury
 c. Histiocytosis
 d. Viral encephalitis
Ref: CMDT. 2009 p970, Harrison 17/e p2218; Harrison 18/e p2905
18. Choose the best Lab value for a patient with central diabetes insipidus: (AI 2000)
- | Urinary Osmolality and | Serum Osmolality |
|------------------------|------------------|
| a. 50 | 300 |
| b. 500 | 260 |
| c. 50 | 260 |
| d. 500 | 100 |
- Ref: Nelson/1575; CMDT 2009/970; CMDT 2003/1075; Harrison 17/e p2219; Nelson 16/e p2099, 1575; Harrison 18/e p2905*
19. In a patient if administration of exogenous vasopressin does not increase the osmolality of urine the likely cause is: (DNB June 2009)
 a. SIADH
 b. Psychogenic polydipsia
 c. Renal Hyposensitivity to ADH
 d. ADH Deficiency
Ref: Harrison's 18/e p2904
20. Which of the following is true about nephrogenic diabetes insipidus: (DNB June 2011)
 a. Renal tubule is unresponsive to ADH
 b. There is central decrease in secretion of ADH
 c. Serum sodium is low
 d. Urine osmolality is increased after administration of ADH
Ref: Harrison's 18/e p2904, 2905
21. A 33 year old lady presents with polydipsia and polyuria. Her symptoms started soon after a road traffic accident 6 months ago. The blood pressure is 120/80 mm Hg with no postural drop. The daily urinary output is 6-8 liters. Investigation showed, Na 130 mEq/L, K. 3.5 mEq/L, urea 15 mg/dL, sugar-65 mg/dL. The plasma osmolality is 268 mosmol/L and urine osmolality 45 mosmol/L. The most likely diagnosis is: (AIIMS Nov 02)
 a. Central diabetes insipidus.
 b. Nephrogenic diabetes insipidus.
 c. Resolving acute tubular necrosis.
 d. Psychogenic polydipsia.
Ref: Harrison 17th/ 2219; Harrison 18th/p2904
22. Which of the following statements about diabetes insipidus is true: (AI 2011)
 a. Urine osmolality should be > 300 mosm/L
 b. Plasma osmolality should be < 280 mmol/L
 c. Water deprivation test is required
 d. Plasma osmolality should be > 300 mosm/L prior to H₂O
Ref: Washington manual of endocrinology 2nd /e p22
23. A patient following head injury was admitted in intensive care ward with signs of raised intracranial pressure. He was put on ventilator and started on intravenous fluids and diuretics. Twenty four hours later his urine output was 3.5 litres, serum sodium 156mEq/L and urine osmolality of 316 mOsm/kg. The most likely diagnosis based on these parameters is: (AIIMS Nov 04)
 a. High output due to diuretics
 b. Diabetes insipidus
 c. Too much infusion of normal saline
 d. Cerebral salt retaining syndrome
Ref: Previous question
24. Primary Hyperaldosteronism can be diagnosed by all of the following criteria, except: (AIIMS Nov 2011)
 a. Diastolic hypertension without edema
 b. Hyperaldosteronism which is not suppressed by volume expansion
 c. Low plasma renin activity
 d. Metabolic Acidosis
Ref: Harrison's 18/e p2049-2050, 17/e p2260; Manual of Endocrinology and Metabolism 4/e p150
25. In a woman with polyuria of 6L/day, which are the 2 most important investigations to be done: (PGI Dec 01)
 a. Water deprivation test
 b. Water loading
 c. Plasma and urine osmolality
 d. Plasma osmolality
 e. Skull X-ray
Ref: Harrisons 17 th/274; 18th/p340
26. Mainstay of treatment of nephrogenic diabetes insipidus is: (DNB)
 a. Desmopressin
 b. Thiazide/ Amiloride diuretics and salt restriction
 c. Desmopressin and salt restriction
 d. Vasopressin and salt restriction
Ref: Conn's Current Therapy (Elsevier) 2012/693; Harrison's 18/e p2906
27. Mainstay of treatment of neurogenic (central) diabetes insipidus is: (DNB)
 a. Desmopressin
 b. Vasopressin
 c. Terlipressin
 d. Amiodarone
Ref: Harrison's 18/e p2906

Ans.	14. a. Hypo-osmolar urine	15. a. Hyponatremia ...	16. d. Demeclocycline	17. a. Multiple sclerosis
	18. a. 50/300	19. c. Renal...	20. a. Renal...	21. d. Psychogenic...
	22. c. Water...	23. a. High...	24. d. Metabolic Acidosis	25. a. and c.
	26. b. Thiazide ...	27. a. Desmopressin...		

28. ACTH is produced by which of the following bronchogenic carcinomas: (DNB)
 a. Adenocarcinoma
 b. Small cell carcinoma
 c. Squamous cell carcinoma
 d. Bronchoalveolar carcinoma *Ref: Harrison's 18/e p2945*
29. A 6 year old boy has been complaining of headache, ignoring to see the objects on the sides for four months. On examination, he is not mentally retarded, his grades at school are good, and visual acuity is diminished in both the eyes. Visual charting showed significant field defect. CT scan of the head showed suprasellar mass with calcification. Which of the following is the most probable diagnosis?
 a. Astrocytoma (AIIMS Nov 04)
 b. Craniopharyngioma
 c. Pituitary adenoma
 d. Meningioma
Ref: Harrison's 18/e p2883, 17/e p2201, 2607
30. A 30-year-old male complains of loss of erection; he has low testosterone and high prolactin level in blood; What is the likely diagnosis: (AI 2001)
 a. Pituitary adenoma
 b. Testicular failure
 c. Craniopharyngioma
 d. Cushing's syndrome
Ref: Harrison's 18/e p2889, 17/e p2206

B. DISORDERS OF THYROID GLAND

31. In a patient suffering from thyrotoxicosis the thyroid scintigraphy reveals decreased uptake the most likely diagnosis is: (J and K 2012)
 a. Toxic adenoma
 b. Graves' disease
 c. Thyroiditis
 d. None of the above
Ref: Harrison's principles of internal medicine 18/e p2938
32. Which of the following antibodies is involved in the tissue destructive process associated with hypothyroidism in Hashimoto's and atrophic thyroiditis? (Comed K 2010)
 a. Thyroperoxidase antibody
 b. Thyroglobulin antibody
 c. TSH receptor antibody
 d. Thyroid stimulating antibody
Ref: Harrison's 18/e p2920 17/e p2232, Davidson's 20/e p757, Bailey 25/e p776
33. Which of the following is the agent of choice for treating thyrotoxicosis during pregnancy? (Comed K 2010)
 a. Carbimazole.
 b. Propylthiouracil.
 c. Methimazole
 d. Radioactive I 131 *Ref: Harrison's 18/e p59 17/e p47*

34. Hypothyroidism may be caused by: (DNB)
 a. Lithium
 b. Hematochromatosis
 c. Scleroderma
 d. All of the above *Ref: Harrison's 18/e p2918 Table 341-4*
35. Which of the following conditions is associated with Hypothyroidism: (AI 2011)
 a. Hashimoto's thyroiditis
 b. Grave's disease
 c. Toxic multinodular goiter
 d. Struma ovarii
Ref: Harrison's 18/e p2918, 17/e p2230
36. Hypothyroidism in sub-himalayan region is due to deficiency of: (DNB 2010)
 a. Iron
 b. Iodine
 c. Copper
 d. Selenium *Ref: Park 20th/540*
37. Which of the following is not associated with hypothyroidism: (DNB)
 a. Low T3
 b. High TSH
 c. High Triglycerides
 d. Low cholesterol *Ref: Harrison's 18/e p2920, 17/e p2231*
38. The best marker to diagnose thyroid related disorder is: (AI 2004)
 a. T3
 b. T4
 c. TSH
 d. Thyroglobulin *Ref: Harrison's 18/e p2917*
39. The lab investigation of patient shows ↓T3, ↓T4, and ↓TSH. It cannot be: (AI 2000)
 a. Primary hypothyroidism
 b. Pan-hypopituitarism
 c. Liver disease
 d. None of the above
Ref: Harrison's 18/e p2916, 2921, 17/e p2231
40. The occurrence of hyperthyroidism following administration of supplemental iodine to subjects with endemic iodine deficiency goiter is known as: (AI 2012, 04)
 a. Jod-Basedow effect
 b. Wolff-Chaikoff effect
 c. Thyrotoxicosis factitia
 d. De Quervain's thyroiditis
Ref: Harrison's 18/e p2930-2932, 17/e p2241
41. All of the following are true about amiodarone induced thyroid dysfunction except? (AI 2004)
 a. Hyperthyroidism is common in iodine deficient areas
 b. Hypothyroidism is more common in men
 c. Amiodarone inhibits deiodinase activity
 d. Amiodarone therapy is associated with initial reduction of serum T4 levels
Ref: Harrison's 18/e p2929, 17/e p2239

Ans.	28. b. Small cell	29. b. Craniopharyngioma	30. a. Pituitary adenoma	31. c. Thyroiditis...
	32. a. Thyroperoxidase...	33. b. Propylthiouracil	34. d. All	35. a. Hashimoto's
	36. b. Iodine	37. d. Low cholesterol	38. c. TSH	39. a. Primary
	40. a. Jod-Basedow...	41. b. Hypothyroidism...		

42. All of the following are associated with Thyroid storm, except: (AI 2002)

- a. Surgery for thyroiditis
- b. Surgery for thyrotoxicosis
- c. Stressful illness in thyrotoxicosis
- d. I131 therapy for thyrotoxicosis

Ref: Harrison's 18/e p2927, 17/e p2237

43. Most common cause of Thyroiditis is: (AI 2000)

- a. Reids thyroiditis
- b. Subacute thyroiditis
- c. Hashimoto's thyroiditis
- d. Viral thyroiditis

Ref: Harrison's 18/e p2929, 17/e p2239

44. A patient presents with B/L proptosis, heat intolerance and palpitations; most unlikely diagnosis here would be:

- a. Hashimoto's thyroiditis (AI 2001)(AI 2000)
- b. Thyroid adenoma
- c. Diffuse thyroid goitre
- d. Reidel's thyroiditis

Ref: Harrison's 18/e p2929, 17/e p2239

45. Not a feature of dequervan's disease: (AI 2002)

- a. Autoimmune in etiology
- b. ↑ ESR
- c. Tends to regress spontaneously
- d. Painful and associated with enlargements of thyroid

Ref: Harrison's 18/e p2928, 17/e p2238

46. Decreased radio iodine uptake is/are seen in (select two options): (PGI Dec 2000)

- a. Toxic multinodular goiter
- b. Grave's disease
- c. Subacute thyroiditis
- d. Factitious thyroiditis

Ref: Harrison's 18/e p2917, 17/e p2229

47. Needle biopsy of solitary thyroid nodule in a young woman with palpable cervical lymph nodes on the same sides demonstrates amyloid in stroma of lesion. Likely diagnosis is: (AI 2002)

- a. Medullary carcinoma thyroid
- b. Follicular carcinoma thyroid
- c. Thyroid adenoma
- d. Multi-nodular goiter

Ref: Harrison's 18/e p2938

48. A 26 year old woman presents with a palpable thyroid nodule, and needle biopsy demonstrates amyloid in the stroma of the lesion. A cervical lymph node is palpable on the same side as the lesion. The preferred treatment should be:

- a. Removal of the involved node, the isthmus, and the enlarged lymph node (AI 2002)
- b. Removal of the involved lobe, the isthmus, a portion of the opposite lobe, and the enlarged lymph node.
- c. Total thyroidectomy and modified neck dissection on the side of the enlarged lymph node.
- d. Total thyroidectomy and irradiation of the cervical lymph nodes.

Ref: Harrison's 18/e p2938

49. The following are used in thyrotoxic crisis except:

- a. Dexamethasone
- b. Propranolol
- c. Lugol's solution
- d. Radioactive iodine

Ref: Harrison's principles of internal medicine 18/e p2911

C. DISORDERS OF CALCIUM METABOLISM

50. Asymptomatic hypercalcemia in a 30 year old young male is due to: (AI 2000; AIIMS June 99)

- a. Occult primary malignancy
- b. Primary hyperparathyroidism
- c. Familial hypocalciuria
- d. Hypernephroma

Ref: Harrison's 17/e p2380; Harrison 18/e p3099

51. Secondary hyperparathyroidism is seen in all of the following, except: (AIIMS Nov 2010)

- a. Rickets
- b. Osteomalacia
- c. Osteoporosis
- d. Renal failure

Ref: Harrison's 17th/287; Harrison 18th/p362

52. Secondary hyperparathyroidism is seen in all of the following, except: (DNB)

- a. Chronic renal failure
- b. Parathyroid adenoma
- c. Vitamin D deficiency
- d. Medullary carcinoma thyroid

Ref: Chandrasoma Taylor 3/e p858-865

53. A 45 year old man, known case of chronic renal failure develops rugger jersey spine. The probable cause is:

- a. Aluminium intoxication (AI 2000)
- b. Secondary hyperparathyroidism
- c. Osteoporosis
- d. Osteomalacia

Ref: Harrison 18/e p3109

54. Low calcium and high phosphate is seen in: (AI 2010)

- a. Hyperparathyroidism
- b. Hypoparathyroidism
- c. Hyperthyroidism
- d. Hypothyroidism

Ref: Harrison's 18/e p3113, 3119, 17/e p2391

55. All of the following statements about pseudohypoparathyroidism are true, except: (AI 2010)

- a. ↓ Serum PTH
- b. ↓ Serum calcium
- c. ↑ Serum phosphate
- d. Albright's hereditary osteodystrophy

Ref: Harrison's 18/e p3117, 17/e p2394

Ans.	42. a. Surgery for...	43. c. Hashimoto's Thyroiditis	44. d. Reidel's thyroiditis	45. a. Autoimmune in etiology
	46. c and d	47. a. Medullary...	48. c. Total thyroidectomy...	49. d. Radioactive Iodine
	50. b. Primary...	51. c. Osteoporosis	52. b. Parathyroid adenoma	53. b. Secondary
	54. b. Hypoparathyroidism	55. a. ↓ Serum PTH		

56. Which of the following statements about Pseudohypoparathyroidism is true: (AI 2011)
 a. Caused by 'gain of function' inherited mutation in Gsa subunit
 b. Decreased formation of cyclic GMP is observed
 c. Decreased formation of Inositol triphosphate is observed
 d. Decreased formation of c-AMP is observed
Ref: Harrison's 18/e p3117, 17/e p2394
57. True about pseudohypoparathyroidism: (PGI Dec 02)
 a. Heterotopic calcification
 b. ↑ed Ca²⁺
 c. ↓ed PO₄
 d. ↑ed PTH
 e. ↑ed response of urinary CAMP on PTH
Ref: Harrison's 18/e p3117, 17/e p2394
58. A patient presents with low serum calcium, high phosphorus and elevated PTH. Which of the following investigations is least contributory to establish a diagnosis: (AI 2011)
 a. Vitamin D levels
 b. Serum creatinine levels
 c. Cyclic AMP response to PTH
 d. Urine myoglobin *Ref: Harrison's 18/e p3112, 17/e p2391*
59. Hypercalcemia is associated with all except: (AI 2009)
 a. Hyperparathyroidism
 b. Sarcoidosis
 c. Milk alkali syndrome
 d. Celiac disease *Ref: Harrison's 18/e p360, 17/e p2380*
60. Causes of hypercalcemia include all of the following except: (DNB 2010)
 a. Multiple myeloma
 b. Lytic skeletal metastasis
 c. Total parenteral nutrition
 d. Acute pancreatitis *Ref: Harrison's 18/e p360 3099, 3100*
61. Hypercalcemia is caused by all except: (PGI Dec 03)
 a. Thyrotoxicosis
 b. Vit. D intoxication
 c. Sarcoidosis
 d. Furosemide
 e. Thiazide *Ref: Harrison's 18/e p3099*
62. Abnormalities of bone metabolism is associated with excess of which vitamins (select two best options): (PGI June 02)
 a. Vitamin A
 b. Thiamine
 c. Vitamin B12
 d. Vitamin D
 e. Tocoferol *Ref: Harrison's 18/e p3099*
63. Most common cause of hypercalcemic crisis is:
 a. Carcinoma breast (AIIMS May 93)
 b. Parathyroid hyperplasia
 c. Parathyroid adenoma
 d. Paget's disease *Ref: Harrison's 18/e p3106, 3107*
64. Surgical causes of hypercalcemia: (PGI Dec 06)
 a. Hyperparathyroidism
 b. MEN
 c. Pheochromocytoma
 d. All of the above *Ref: Harrison's 18/e p3099*
65. Increased serum calcium is seen in all except: (PGI Dec 01)
 a. Myxedema
 b. Multiple myeloma
 c. Sarcoidosis
 d. Primary hyperparathyroidism
 e. Hyperthyroidism *Ref: Harrison's 18/e p3099*
66. Hypercalciuria is seen in: (PGI June 2000)
 a. Hyperparathyroidism
 b. Vit. D intoxication
 c. Sarcoidosis
 d. All *Ref: Harrison's 18/e p3103*
67. A 55 year old man, a chronic smoker, is brought to emergency with history of polyuria, polydipsia, nausea and altered sensorium for last two days. He had been diagnosed as having squamous cell carcinoma of lung two months prior to this. On examination, he was lethargic and confused. An ECG was normal except for a narrowed QT interval. Which one of the following is the most likely metabolic abnormality? (AIIMS Nov 03)
 a. Hyponatremia
 b. Hypercalcemia
 c. Hypokalemia
 d. Hyponatremia *Ref: Harrison's 18/e p3099, 17/e p2380*
68. Which of the following is not a feature of hypercalcemia: (AI 06)
 a. Diarrhoea
 b. Polyuria
 c. Depression
 d. Vomiting *Ref: Harrison's 18/e p3100, 17/e p2380, 286*
69. Treatment of hypercalcemia (select two options): (PGI Dec 04)
 a. Calcitonin
 b. Gallium nitrate
 c. Orthophosphate
 d. Thyroxine *Ref: Harrison's 18/e p3113, 17/e p2390*
70. All of the following are true about hypercalcemia, except:
 a. Management of primary cause (PGI June 04)
 b. Malignancy may cause hypercalcemia
 c. IV fluid with furosemide is given
 d. Pamidronate is not effective
Ref: Harrison's 18/e p3111, 3112, 17/e p2370
71. A 75 year old lady with fracture neck of femur presents with two days history of altered sensorium and decreased urinary output. Serum calcium is 15.5 mg/dL, Urea is 140 mg/dL, Creatinine is 2 mg/dL. All of the following are useful for immediate management of hypercalcemia, except:
 a. Normal saline (AIIMS Nov 2010)
 b. Furosemide
 c. Dialysis
 d. Bisphosphonates
Ref: Harrison's 18/e p3112, 17/e p2390

Ans.	56. d. Decreased	57. a. Heterotopic...	58. a. Vitamin D levels	59. d. Celiac disease...
	60. d. Acute Pancreatitis...	61. d. Furosemide	62. a and d	63. a. Carcinoma breast
	64. d. All of the above	65. a. Myxedema...	66. d. All	67. b. Hypercalcemia...
	68. a. Diarrhoea	69. b. Gallium nitrate	70. d. Pamidronate...	71. d. Bisphosphonates...

72. All of the following agents may be used in the management of chronic hypocalcemia, except: (AI 2012)
 a. Etidronate
 b. Thiazides
 c. Elemental calcium
 d. Vitamin D analogs *Ref: Harrison's 18/e p3112*
73. Raised calcium and phosphorous seen in: (PGI June 02)
 a. CRF
 b. Vitamin D intoxication
 c. Hyperparathyroidism
 d. Pseudohypoparathyroidism
Ref: Harrison's 18/e p3108, 17/e p2371
74. Hypocalcemia with hyperphosphatemia are seen in: (PGI Dec 2000)
 a. CRF
 b. Pseudohypoparathyroidism
 c. Vit. D deficiency
 d. Magnesium deficiency *Ref: Harrison's 18/e p3117*
75. Hypophosphatemia is seen in: (PGI Dec 02)
 a. Pseudohypoparathyroidism
 b. CRF
 c. Rickets
 d. Hyperparathyroidism
 e. Respiratory acidosis
Ref: Harrison's 18/e p3087, 17/e p2370
76. Hypophosphatemia is seen in all except: (AI 2007)
 a. Acute renal failure
 b. Resolving phases of diabetic ketocidosis
 c. Respiratory alkalosis / COPD
 d. Chronic alcoholism *Ref: Harrison's 18/e p2303*
77. Which of the following is not seen in Vitamin D deficiency: (PGI Dec 01)
 a. Increased alkaline phosphate
 b. Decreased phosphate in urine
 c. Hypophosphatemia
 d. Decreased serum calcium
Ref: Harrison's 18/e p3094, 17/e p2376
78. True about rickets: (PGI June 01)
 a. Hyperphosphatemia
 b. Hypophosphatemia
 c. Hypophosphaturia
 d. Decreased alkaline phosphatase
Ref: Harrison's 18/e p3094
79. All of the following are seen in rickets except: (AIIMS May 03)
 a. Bow legs
 b. Gunstock deformity
 c. Pot belly
 d. Cratio tabes
Ref: Harrison's 18/e p3095
80. All are causes of osteoporosis, except: (AI 2000)
 a. Thyrotoxicosis
 b. Hypothyroidism
 c. Chronic heparin therapy
 d. Old age *Ref: Harrison's 18/e p3124, 17/e p2400*
81. All of the following are the known causes of osteoporosis except: (AI 06)
 a. Fluorosis
 b. Hypogonadism
 c. Hyperthyroidism
 d. Hyperparathyroidism
Ref: Harrison's 18/e p3124, 17/e p449, 2400
82. Tumor lysis syndrome causes all of the following except: (DNB)
 a. Hypercalcemia
 b. Hyperuricemia
 c. Hypermagnesemia
 d. Hyperkalemia *Ref: Harrison's 18/e p2274*
83. Features of tumor lysis syndrome are: (PGI Dec 2000)
 a. Hypocalcemia
 b. Hypophosphatemia
 c. Alkalosis
 d. Hypokalemia *Ref: Harrison's 18/e p2274, 17/e p1736*
84. Features of tumor lysis syndrome (select three best options): (PGI June 06)
 a. Hyperuricemia
 b. Hypercalcemia
 c. Hyperphosphatemia
 d. Hyponatremia
 e. Hyperkalemia
Ref: Harrison's 18/e p2274
85. True about tumor lysis syndrome are all except: (PGI Dec 03)
 a. Hyperuricemia
 b. Hypercalcemia
 c. Hyperkalemia
 d. Hyperphosphatemia
 e. Hypocalcemia *Ref: Harrison's 18/e p2274, 17/e p1736*
86. All of the following are seen in tumor lysis syndrome, except: (AIIMS May 09; AIIMS Nov 03)
 a. Hyperkalemia
 b. Hypercalcemia
 c. Hyperuricemia
 d. Hyperphosphatemia
Ref: Harrison's 18/e p2274, 17/e p2380, 286, 1736
87. Tumor lysis syndrome is associated with all of the following laboratory features except: (AIIMS Nov 03)
 a. Hyperkalemia
 b. Hypercalcemia
 c. Hyperuricemia
 d. Hyperphosphatemia *Ref: Harrison's 18/e p2274*
88. Which of the following is not associated with diarrhea: (DNB 2011)
 a. Diabetes mellitus
 b. Hypercalcemia
 c. Hyperthyroidism
 d. Carcinoids
Ref: Harrison's 18/e p313, 17/e p2380
89. Metabolic bone disease associated with café au lait macules. (CALM) (AP 2012)
 a. Mc Cune Albright syndrome
 b. Osteogenesis imperfecta
 c. Pyknodystosis
 d. Paget's disease *Ref: Harrison's 18/e p3142*

Ans.	72. a. Etidronate	73. b. Vitamin D intoxication...	74. a and b	75. c and d
	76. a. Acute renal...	77. b. Decreased...	78. a. Hyperphosphatemia	79. b. Gunstock deformity
	80. b. Hypothyroidism...	81. a. Fluorosis...	82. a. Hypercalcemia	83. a. Hypocalcemia
	84. a. Hyperuricemia...	85. b. Hypercalcemia	86. b. Hypercalcemia	87. b. Hypercalcemia
	88. b. Hypercalcemia	89. a. Mc Cune		

90. Which of the following is the most common cause of hypergonadotrophic hypogonadism in males: (AI 2010)

- Viral orchitis
- Klinefelter's syndrome
- Kallman's syndrome
- Noonan syndrome

Ref: Harrison's 18/e p3018, 17/e p2317

91. Endocrinal causes of carpal tunnel syndrome include all of the following, except: (AI 2009)

- Diabetes Mellitus
- Hypothyroidism
- Acromegaly
- Addison's disease

Ref: CMDT 2008/716

92. Hirsutism is caused by all, except: (AI 2009)

- Cushing's syndrome
- Hyperthyroidism
- Hyperprolactinemia
- Acromegaly

Ref: Harrison's 18/e p381, 17/e p301

93. The most common cause of severe hypercalcemia is:

- Vitamin D toxicity (Comed K 2010)
- Sarcoidosis
- Chronic renal failure
- Malignancy

Ref: Harrison's 18/e p3099 17/e p

D. DIABETES MELLITUS

94. In the management of diabetic ketoacidosis: (J and K 2012)

- Intracellular water deficit is best restored using half strength saline (0.45% saline)
- Potassium should be given even before checking the serum potassium concentration
- Bicarbonate infusion is often only necessary in severe acidosis pH < 7.0
- 5% dextrose solution should be avoided unless hypoglycaemia supervenes

Ref: Harrison's principles of internal medicine 18/e p2976

95. In the long term management of diabetes: (J and K 2012)

- Retinal neovascularisation should resolve with better glycaemic control
- Microaneurysms are usually only visible with fluorescein angiography
- Visual symptoms correlate with the severity of retinal disease
- The development of an autonomic neuropathy confers an increased risk of sudden death

Ref: Harrison's principles of internal medicine 18/e p3457

96. Diabetes mellitus is defined as venous plasma glucose of:

- Fasting ≥ 126 mg%; 2 hrs after glucose load ≥ 200 mg%
- Fasting ≥ 100 mg%; 2 hrs after glucose load ≥ 140 mg%
- Fasting ≥ 110 mg%; 2 hrs after glucose load ≥ 180 mg%
- None of the above

Ref: Harrison's principles of internal medicine 18/e p2969, 2970

97. A 40-year old diabetic patient presents with proptosis of one eye and black eschar over palate. The likely organism is: (DP PGME 2009)

- Pseudomonas
- Candida
- E.coli
- Mucor

Ref: Harrison's principles of internal medicine 18/e p1661, 17/e p1261

98. The DCCT (Diabetes Control and Complication Trial) provided definitive proof that reduction in chronic hyperglycemia helps to improve: (Comed K 2010)

- Microvascular complications of Type 1 DM
- Macrovascular complications of Type 1 DM
- Microvascular complications of Type 2 DM
- Macrovascular complications of Type 2 DM

Ref: Harrison's 18/e p2981, 17/e p2285-86, Table 338-7.

99. Which type diabetes is HLA associated: (AI 2002)

- Type I diabetes
- Type II diabetes
- Malnutrition related type disease
- Pregnancy related type diabetes

Ref: Harrison's 18/e p2973, 17/e p2279

100. A 45-year old woman visited her physician with complaints of increased appetite and thirst with increased frequency of urination. She also had the symptoms of diminished or impalpable pulses in the feet, besides gangrene of the feet. Her laboratory findings on the oral glucose tolerance test are as follows: (AI 2004)

Parameters	Fasting	1 hr	2 hr
Blood glucose (mg/dL)	155	270	205
Urine glucose	-ve	+++	++
Ketone bodies	-ve	-ve	-ve

Which of the following statements is not correct for the above mentioned case:

- She was suffering from insulin dependent diabetes mellitus
- She was suffering from non-insulin dependent diabetes mellitus
- She was treated with oral hypoglycemic drugs only when diet and exercise could not control the pathological situation
- Knowledge of family history of diabetes mellitus is useful in predicting the nature of the diabetes.

Ref: Harrison's 18/e p2974, 17/e p2281

101. A 29 years old person is known diabetic on oral hypoglycemic agents since 3 years. He has lost weight and never had DKA. His grandfather is diabetic but his father is nondiabetic. Which is the likely diagnosis: (AI 2009)

- MODY
- DM type I
- DM type II
- Pancreatic diabetes

Ref: Harrison's 18/e p2968, 2976

Ans.	90. b. Klinefelter's...	91. d. Addison's disease	92. b. Hyperthyroidism	93. d. Malignancy
	94. c. Bicarbonate.	95. b. The development...	96. a. Fasting...	97. d. Mucor
	98. a. Microvascular	99. a. Type I diabetes...	100. a. She was...	101. a and c

102. Laboratory values in a patient with diabetic Ketoacidosis includes: (AP 2011)

- a. Decreased Anion gap
- b. increased magnesium levels
- c. Normal to increased potassium levels
- d. Decreased phosphate levels

Ref: Harrison's 18/e p2976

103. All of the following statements about Type I Diabetes Mellitus are true, Except (Select two options): (PGI Dec 01)

- a. Family history is present in 90% cases
- b. Dependent on insulin to prevent ketoacidosis
- c. Time of onset is usually predictable
- d. Autoimmune destruction of beta cells occur
- e. Often occurs in children

Ref: Harrison's 18/e p2968, 2969, 17/e p2275, 2276

104. In a patient with NIDDM which of the following condition is seen: (AIIMS May 02)

- a. Ketosis commonly occurs on stopping treatment.
- b. Hypertriglyceridemia never occurs
- c. Pancreatic beta cells stop producing insulin
- d. Increased levels of insulin in blood, may be seen

Ref: Harrison's 18/e p2975, 17/e p2280, 2281

105. A 40 year old male patient is suffering from type II diabetes mellitus and hypertension. Which of the following antihypertensive drugs should not be used in such patients: (AIIMS Nov 03)

- a. Lisinopril
- b. Hydrochlorothiazide
- c. Losartan
- d. Trandolopril

Ref: Goodman Gilman 11/e p756

106. Which of the following is not a test for diabetes mellitus: (AIIMS Nov 2010)

- a. Fasting blood glucose
- b. Random blood glucose
- c. D-xylose test
- d. Oral glucose tolerance test

Ref: Harrison's 18/e p2970, 17/e p2275, 2277

107. Which of the following findings can establish a diagnosis of diabetes mellitus: (AIIMS Nov 2011)

- a. Fasting plasma glucose 100mg/dL and 2 hour prandial glucose 140 mg/dL
- b. Fasting plasma glucose 125 mg/dL and 2 hour postprandial glucose 199 mg/dL
- c. Symptoms of diabetes plus random blood glucose of 190 mg/dl
- d. Glycosylated haemoglobin (HbA1C) > 6.5%

Ref: Harrison's 18/e p2970

108. Impaired glucose tolerance on an oral GTT is indicated by: (PGI Dec 02)

- a. Fasting plasma sugar > 126 mg/dL
- b. Random blood sugar > 200mg/dL
- c. Fasting blood sugar < 90 mg/dL
- d. Fasting blood sugar < 140 mg/dL; two hours after glucose load > 200 mg/dL

- e. 2 hrs after glucose load 140-200 mg/dL; fasting blood sugar < 126 mg/dL

Ref: Harrison's 18/e p2970, 17/e p2277

109. At what value for one hour glucose challenge test will you recommend a standard glucose tolerance test:

- a. 120 mg/dL
- b. 140 mg/dL
- c. 150 mg/dL
- d. 160 mg/dL

Ref: Harrison's 18/e p2970

110. HBA1C level in blood explains: (AI 2004)

- a. Acute rise of sugar
- b. Long terms status of blood sugar
- c. Hepatorenal syndrome
- d. Chronic pancreatitis

Ref: Harrison's 18/e p2992, 17/e p2296

111. All are seen in DKA except: (AIIMS Nov 07)

- a. Tachycardia
- b. Dehydration
- c. Bradycardia
- d. Abdominal pain/tenderness

Ref: Harrison's 18/e p2976, 17/e p2283

112. An obese lady aged 45 years, was brought to emergency in a semi comatose condition. The laboratory investigations showed K⁺ (5.8 mmol/L); Na⁺ (136 mmol/L); blood pH (7.1), HCO₃ (12 mmol/L), ketone bodies (350 mg/dL). The expected level of blood glucose for this lady is:

- a. < 45 mg/dL
- b. < 120 mg/dL
- c. >180 mg/dL
- d. < 75 mg/dL

Ref: Harrison's 18/e p2976, 17/e p2283, 290

113. Two most important test to be done in a comatose patient with blood glucose of 750 mg/dL will be: (PGI June 01)

- a. Serum creatinine
- b. Serum sodium
- c. CSF examination
- d. Blood pH
- e. Blood urea

Ref: Harrison's 18/e p2978, 2979

114. If a patient with severe hyperglycemia is given IV insulin, which of the following can occur? (AI 2009)

- a. Hypokalemia
- b. Hyperkalemia
- c. Hyponatremia
- d. Hyponatremia

Ref: Harrison's 18/e p2971

115. A diabetic patient with blood glucose of 600 mg/dL and Na 122 mEq/L was treated with insulin. After giving insulin the blood glucose decreased to 100 mg/dL. What changes in blood Na level is expected? (AI 2002)

- a. Increase in Na⁺ level
- b. Decrease in Na⁺ level
- c. No change would be expected
- d. Na⁺ would return to previous level spontaneously on correction of blood glucose.

Ref: Harrison's 18/e p2977, 2976, 17/e p2283

Ans. 102. c. Normal to...	103. a. Family history ...	104. d. Increased...	105. b. Hydrochlorothiazide...
106. c. D-Xylose test....	107. d. Glycosylated...	108. e. 2 hrs after glucose...	109. b. 140 mg/dL
110. b. Long terms...	111. c. Bradycardia	112. c. >180 mg/dL	113. a and d
114. a. Hypokalemia...	115. a. Increase in Na⁺ level...		

- 116. Increased insulin is characterized by all of the following, except:** (DNB Dec 2009)
 a. Increased glucagon secretion
 b. Increased intracellular potassium
 c. Hypoglycemia
 d. Enhanced fatty acid synthesis *Ref: Harrison's 18/e p2977*
- 117. Early morning hyperglycemia with increased blood glucose of 3.00 AM suggests:** (DNB)
 a. Insufficient insulin
 b. Dawn phenomenon
 c. Somogyi effect
 d. None of the above *Ref: Harrison's 18/e p2977*
- 118. Which of the following statements about Dawn phenomenon is true:** (DNB)
 a. Morning hyperglycemia with midnight hypoglycemia
 b. Morning hypoglycemia with midnight hyperglycemia
 c. Morning hyperglycemia due to insufficient insulin
 d. Morning hypoglycemia due to excess insulin
- 119. Which of the following are characteristic of diabetes mellitus:** (PGI June 03)
 a. Encephalopathy
 b. Myelopathy
 c. Neuropathy
 d. Myopathy
 e. Retinopathy *Ref: Harrison's 18/e p2980, 17/e p2285*
- 120. Hypoglycemic unawareness that occurs in diabetic patients when transferred from oral hypoglycemics to insulin, is due to:** (AI 2000)
 a. Autonomic neuropathy
 b. Insulin resistance
 c. Lipodystrophy
 d. Somogy phenomenon
Ref: Harrison's 18/e p2984, 17/e p2289, 2307
- 121. Which of the following statements about diabetic nephropathy is true:** (PGI June 05)
 a. Microalbuminuria is not an indicator of long term cardiovascular morbidity
 b. Strict glycemic control cannot prevent microalbuminuria
 c. β -islet cell/pancreatic transplantation can improve the proteinuria in early stage
 d. Angiotensin receptor blockers have no additive advantage over other drugs except B.P. control
 e. Protein restriction is not helpful
Ref: Harrison's 18/e p2983, 17/e p2888
- 122. A 50 year old male with type 2 diabetes mellitus is found to have 24 hr urinary albumin of 250 mg. Which of the following drugs may be used to retard progression of renal disease:** (AIIMS Nov 04)
 a. Hydrochlorothiazide
 b. Enalapril
 c. Amiloride
 d. Aspirin *Ref: Harrison's 18/e p2983*
- 123. The following statements are correct in relation to diabetic nephropathy:** (PGI 2007)
 a. The presence of microalbuminuria is associated with a reduction of cardiovascular risks in patient with diabetes
 b. Progression of renal disease may be reduced by the use of calcium channel blockers
 c. The development of diabetic nephropathy protects from diabetic retinopathy
 d. False positive microalbuminuria may occur in the presence of urinary tract infections
 e. Blood pressure improves in the majority after the development of diabetic nephropathy
Ref: Harrison's 18/e p2982, 17/e p2287, 2288
- 124. Pathognomic factors involved in foot ulcers in DM include all, except:** (PGI Dec 06)
 a. Trophic ulcers
 b. Neuropathy
 c. Microangiopathic changes in blood vessels
 d. Macroangiopathy *Ref: Harrison's 18/e p2987, 17/e p2292*
- 125. Life threatening complications of diabetes mellitus are all except:** (AIIMS May 07)
 a. Malignant otitis externa
 b. Rhinocerebral mucormycosis
 c. Emphysematous pyelonephritis
 d. Emphysematous appendicitis *Ref: Harrison's 18/e p2988*
- 126. Intensive management of diabetes is needed in all except:** (AIIMS Nov 07)
 a. Autonomic neuropathy causing postural hypotension
 b. Pregnancy
 c. Post kidney transplant in diabetic nephropathy
 d. DM with acute MI
Ref: Harrison's 18/e p2985, 17/e p2290, 2296
- 127. Recombinant human insulin is made by:** (AIIMS June 2000)
 a. cDNA from any eukaryote cell
 b. Genome of any eukaryote
 c. cDNA of pancreatic cell
 d. Genome of pancreatic cell
Ref: Harrison's 18/e p2993, 17/e p390, 2297
- 128. If a patient with severe hyperglycemia is given IV insulin, which of the following can occur?** (DNB)
 a. Hypokalemia
 b. Hyperkalemia
 c. Hyponatremia
 d. Hyponatremia
Ref: Ganong 22/e p338
- 129. Insulin resistance syndrome includes all of the following, except:** (PGI June 06)
 a. Dyslipidemia
 b. Hypertension
 c. Hyperuricemia
 d. Low HDL
Ref: Harrison's 18/e p2975, 17/e p1506, 1507

Ans. 116. a. Increased	117. a. Insufficient Insulin	118. c. Morning...	119. c. and e...
120. a. Autonomic....	121. c. β-islet cell/pancreatic...	122. b. Enalapril	123. d. False positive
124. c. Microangiopathic...	125. d. Emphysematous	126. d. DM with acute MI	127. c. CDNA of pancreatic cell
128. a. Hypokalemia	129. c. Hyperuricemia		

130. Hypoglycemia is seen in: (AIIMS May 01)
 a. Acromegaly
 b. Cushing's syndrome
 c. Hyperthyroidism
 d. Hypopituitarism *Ref: Harrison's 18/e p3007, 17/e p2308*
131. Hypoglycemia is a recognized feature of all of the following conditions, except: (AI 2002)
 a. Uremia
 b. Acromegaly
 c. Addison's disease
 d. Hepatocellular failure
Ref: Harrison's 18/e p3003, 17/e p2305
132. A patient presents with symptoms of hypoglycemia. Investigations reveal decreased blood glucose and increased Insulin levels. C-peptide assay is done which shows normal levels of C-peptide. The most likely diagnosis is: (AI 2010)
 a. Insulinoma
 b. Accidental sulfonylurea ingestion
 c. Accidental exogenous Insulin administration
 d. Accidental Metformin ingestion
Ref: Harrison's 18/e p3003, 17/e p2309
133. Which of the following test is useful to distinguish between insulinoma and sulfonylurea related hypoglycemia: (AIIMS May 08)
 a. Antibody to Insulin
 b. Plasma – C-peptide level
 c. Plasma Insulin level
 d. Insulin-Glucose ratio *Ref: Harrison's 18/e p3067*
134. All of the following statements about Nesidioblastosis are true, except: (AI 2011)
 a. Hypoglycemic episodes may be seen
 b. Occurs in adults more than children
 c. Histopathology shows hyperplasia of islet cells
 d. Diazoxide may be used for treatment
Ref: Nelson's 18/e p1652; 'Endocrine Tumors' by Clarke (American Cancer-Society) 2003 /162; 'Surgical pathology of Endocrine and Neuroendocrine Tumors' by Ashraf Khan (Springer, 2009) 1st/145; 'Clinical Endocrinology' by Grossman (Wiley-Blackwell, 1998) /538; 'Advanced Imaging of the Abdomen' by Skucas (Springer, 2006) /556; 'Gastrointestinal Oncology' by Jankowski, Kerr, Fong (Blackwell, 2008) /621
135. Which of the following types of neuropathy are seen in Diabetes: (DNB 2010)
 a. Distal symmetric sensory neuropathy
 b. Autonomic neuropathy
 c. Mononeuropathy
 d. All of the above *Ref: Harrison's 18/e p3457, 3458*
136. Which of the following drugs is used for painful diabetic neuropathy: (DNB June 2011)
 a. Duloxetine
 b. Pregabalin
 c. Amitriptyline
 d. All of the above *Ref: Harrison's 18/e p3458*
137. Which type of diabetes is HLA associated: (AI 2002)
 a. Type I diabetes
 b. Type II diabetes
 c. Malnutrition related type disease
 d. Pregnancy related type diabetes
Ref: Harrison's 18/e p2973
138. Maturity-onset diabetes of the young (MODY) associated with glucokinase gene defect is: (AP 2012)
 a. MODY-1
 b. MODY-2
 c. MODY-3
 d. MODY-4 *Ref: Harrison's 18/e p2969; Table 344-1*
139. Oral anti-diabetic drug of choice in renal failure is: (AP 2011)
 a. Tolbutamide
 b. Chlorpropamide
 c. Glipizide
 d. Metformin *Ref: Harrison's, 18/e p2983*

E. DISORDERS OF ADRENAL CORTEX

140. The following statement about adrenal gland physiology is true: (J and K 2012)
 a. ACTH normally controls the adrenal secretion of aldosterone
 b. ACTH increases adrenal androgen and cortisol secretion
 c. The plasma cortisol concentration normally peaks in the evening
 d. Hyperglycaemia increases the rate of cortisol secretion
Ref: Harrison's 18/e p2977
141. All of the following are clinical features of Cushing's syndrome except: (DNB)
 a. Insulin resistance
 b. Menorrhagia
 c. Violaceous striae
 d. Centripetal obesity
Ref: Harrison's 18/e p2896, 2941
142. All of the following are true about Cushing's syndrome, except: (PGI 08)
 a. Red striae
 b. Increased adrenaline
 c. Proximal muscle weakness
 d. Edema *Ref: Harrison's 18/e p2948*
143. All are features of Cushing's disease except: (AIIMS Nov 07)
 a. Central obesity
 b. Episodic hypertension
 c. Easy bruising
 d. Glucose intolerance
Ref: Harrison's 18/e p2948
144. Cushing's disease is associated with: (AI 2008)
 a. Increased ACTH and increased cortisol
 b. Increased urinary Catecholamines
 c. Increased ADH
 d. Decreased ACTH and increased cortisol levels
Ref: Harrison's 18/e p2945, 17/e p2255

Ans. 130. d. Hypopituitarism	131. b. Acromegaly	132. c. Accidental...	133. None
134. b. Occurs....	135. All of the above	136. d. All of the above	137. b. Type I diabetes
138. b. MODY-2	139. c. Glipizide	140. c and d	141. a. ACTH normally...
142. b. Menorrhagia	143. b. Episodic...	144. a. Increased	

145. About Cushing syndrome, true is: (PGI June 2000)
 a. Low dose dexamethasone suppresses corticosterone secretion
 b. CA of adrenal is more common than adenoma
 c. Pituitary adenoma size > 2 cm (usually)
 d. ↑ ACTH secretion is the commonest endogenous Cause
Ref: Harrison's 18/e p2945, 2946 17/e p2254, 2255
146. A patient with cushinoid features presents with hemoptysis; he shows no response to dexamethasone suppression test; most likely diagnosis here is: (AI 2001)
 a. Adrenal hyperplasia
 b. Adrenal adenoma
 c. Ca lung with ectopic ACTH production.
 d. Pituitary microadenoma
Ref: Harrison's 18/e p2741, 17/e p2739
147. Laloo, 50 years old, a chronic smoker, presents with history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high dose dexamethasone. What would be the most probable diagnosis: (AIIMS Nov 2000)
 a. Bilateral adrenal hyperplasia
 b. Adrenal adenoma
 c. Pituitary tumour
 d. Ectopic ACTH producing lung cancer
Ref: Harrison's 18/e p2945, 2947, 17/e p2256
148. A chronic smoker presented with mild haemoptysis. He also gave a history of hypertension and obesity. Lab data showed raised ACTH levels, which were not suppressed by high dose dexamethasone. The cause for the Cushing's syndrome in the patient is: (AIIMS May 02)
 a. MEN I
 b. Pituitary adenoma
 c. Adrenal cortical adenoma
 d. Ectopic ACTH secreting tumor
Ref: Harrison's 18/e p2945, 2946, 17/e p2256
149. Which of the following is the earliest manifestation of Cushing's syndrome? (AI 2004)
 a. Loss of diurnal variation
 b. Increased ACTH
 c. Increased plasma Cortisol
 d. Increased urinary metabolites of Cortisol
Ref: Harrison's 18/e p2946, 17/e p2256
150. A 28 year old lady has put on weight (10 kg over a period of 3 years), and has oligomenorrhoea followed by amenorrhoea for 8 months. The blood pressure is 160/100 mm of Hg. Which of the following is the most appropriate investigation? (AI 2004)
 a. Serum electrolytes
 b. Plasma cortisol
 c. Plasma testosterone and ultrasound evaluation of pelvis
 d. T3, T4 and TSH
Ref: Harrison's 18/e p2946
151. Conn's syndrome is most commonly associated with:
 a. Cortical adenoma (AI 2008)
 b. Cortical hyperplasia
 c. Cortical carcinoma
 d. Pheochromocytoma
Ref: Harrison's 18/e p2949, 17/e p2260
152. All of the following may be associated with primary aldosteronism, except: (PGI June 05)
 a. Adrenal adenoma
 b. Adrenal hyperplasia
 c. Von-Hippel-Lindau syndrome
 d. Adrenal carcinoma
Ref: Harrison's 18/e p2949 Table 342-3, 17/e p2260
153. Conn's syndrome is associated with all, except: (AI 2002)
 a. Hypertension
 b. Muscle weakness
 c. Hypokalemia
 d. Edema
Ref: Harrison's 18/e p2950, 17/e p2260
154. Increased Aldosterone leads to all except: (AI 2009)
 a. Hypnatremia
 b. Hypokalemia
 c. Hypertension
 d. Metabolic acidosis
Ref: Harrison's 18/e p2950, 17/e p2260
155. In Conn's syndrome the following is true: (PGI Dec 06)
 a. Diastolic HTN without oedema
 b. Systolic HTN without oedema
 c. Pseudotetany
 d. Hyper K+
Ref: Harrison's 18/e p2950
156. True about Conn's syndrome (select two best options): (PGI Dec 02)
 a. ↑K+
 b. ↓K+
 c. Proximal myopathy
 d. ↑ed plasma rennin activity
 e. Edema
Ref: Harrison's 18/e p2950
157. True about primary aldosteronism (select three options): (PGI June 05)
 a. Pedal oedema
 b. Increased rennin
 c. Increased Na+
 d. Decreased K+
 e. Hypertension
Ref: Harrison's 18/e p2950
158. A young hypertensive patient has serum K+ 2.8 meq/L and ↑aldosterone level with ↓ed plasma rennin activity. The likely cause is: (PGI Dec 04)
 a. Renal artery stenosis
 b. Ectopic ACTH syndrome
 c. Diuretic therapy
 d. Conn's syndrome
 e. Liddle's syndrome
Ref: Harrison's 18/e p2950
159. Most common cause of Addison's disease in India is:
 a. Autoimmune (AIIMS Nov 2011)
 b. Postpartum
 c. HIV
 d. Tuberculosis
Ref: Harrison's 18/e p2955

Ans. ...145. d. ↑ ACTH secretion	146. c. Ca lung with...	147. d. Ectopic...	148. d. Ectopic....\
149. a. Loss of...	150. b. Plasma...	151. a. Cortical adenoma	152. c. Von-Hippel...\
153. d. Edema	154. d. Metabolic acidosis	155. a. Diastolic...	156. b and c
157. c, d and e	158. d. Conn's syndrome	159. d. Tuberculosis	

160. Feature of addison's disease include all of the following except: (DNB)

- a. Asthenia
- b. Hyperpigmentation
- c. Hypertension
- d. Abdominal pain

Ref: Harrison's 18/e p2956, 2957 Table 342-9, 17/e p2263

161. Primary adrenal insufficiency causes all of the following, except: (DNB 2012)

- a. Low Blood Pressure
- b. Decrease in ECF
- c. Decreased sodium potassium ratio
- d. Increased protein breakdown

Ref: Harrison's 18/e p2956, 2957

162. Addison's disease is associated with all except:

- a. Cardiac atrophy (AIIMS May 07)
- b. Decreased diastolic B.P.
- c. Serum cortisol < 3 mcg/dL
- d. Low renin levels

Ref: Harrison's 18/e p2957, 17/e p2263, 2264

163. Regarding Addisonian pigmentation, all are true except:

- a. Involves moles and scars (AIIMS May 01)
- b. Involves palmar creases
- c. Does not involve oral mucosa
- d. Decreased fibrosis

Ref: Harrison's 18/e p2957, 2956, 17/e p2263

164. Which one of the following clinical features is NOT seen in pheochromocytoma?

- a. Hypertension
- b. Episodic palpitations
- c. Weight loss
- d. Diarrhea

Ref: Davidson's, 21/e p779, box 20.50.

165. 50 yr old male presents with severe refractory hypertension, weakness, muscle cramps and hypokalemia, the most likely diagnosis is:

- a. Hypoaldosteronism
- b. Hyperaldosteronism
- c. Cushing's syndrome
- d. Pheochromocytoma

Ref: Harrison's 18/e p2950

F. ENDOCRINE TUMORS

166. Pheochromocytoma predominantly secretes:

- a. Epinephrine (AIIMS Nov 01)
- b. Norepinephrine
- c. Dopamine
- d. DOPA

Ref: Harrison's 18/e p2963, 17/e p2270

167. Extra adrenal Pheochromocytoma predominantly secretes: (PGI June 03)

- a. Epinephrine
- b. Norepinephrine
- c. Dopamine
- d. DOPA

Ref: Harrison's 18/e p2963

168. Which of the following urinary metabolites are most sensitive for diagnosis of pheochromocytomas: (DNB)

- a. VMA
- b. Metanephrines
- c. 5HIAA
- d. 5HTP

Ref: Harrison's 18/e p2963

169. All of the following are increased in pheochromocytomas, except: (DNB 2012) (DNB)

- a. Vinyl mandelic acid (VMA)
- b. Metanephrines
- c. 5HIAA
- d. Catecholamines

Ref: Harrison's 18/e p2963

170. Pheochromocytomas are known to arise from all of the following, except: (PGI 09)

- a. Adrenal gland
- b. Mediastinum
- c. Neck
- d. Abdomen
- e. Chest wall

Ref: Harrison's 18/e p2962

171. All of the following are features of pheochromocytoma except: (AI 2002)

- a. Hypertensive paroxysm
- b. Headache
- c. Orthostatic hypotension
- d. Wheezing

Ref: Harrison's 18/e p2963 Table 343-1, 17/e p2270-71

172. All of the following are seen in pheochromocytoma, except: (DNB 2010)

- a. Headache
- b. Sweating episodes
- c. Weight loss
- d. Hypocalcemia

Ref: Harrison's 18/e p2963 Table 343-1

173. The predominant symptom / sign of pheochromocytoma is: (DNB 2012)

- a. Sweating
- b. Weight loss
- c. Orthostatic hypotension
- d. Episodic hypertension

Ref: Harrison's 18/e p2962

174. The triad originally described by Zollinger Ellison syndrome is characterized by: (AI 2002)

- a. Peptic ulceration, gastric hypersecretion, non beta cell tumour
- b. Peptic ulceration, gastric hypersecretion, beta cell tumour
- c. Peptic ulceration, achlorhydria, non beta cell tumour
- d. Peptic ulceration, achlorhydria, beta cell tumour

Ref: Harrison's 18/e p2455, 17/e p1868

175. Gold standard test for diagnosis of Insulinoma is: (AI 2009)

- a. '72 hour' fast test
- b. Plasma Glucose levels < 3 mmol/L
- c. Plasma Insulin levels > 6 μU/mL
- d. C-peptide levels < 50 p mol/e

Ref: Harrison's 18/e p3066, 3067, 17/e p2354, 2355

Ans. 160. c. Hypertension

161. d. Increased protein...

162. d. Low renin levels

163. c. Does not...

164. d. Diarrhea...

165. b. Hyperaldosteronism

166. b. Norepinephrine

167. b. Norepinephrine...

168. a and b

169. c. 5HIAA

170. e. Chest wall

171. d. Wheezing...

172. d. Hypocalcemia

173. d. Episodic Hypertension

174. a. Peptic ulceration

175. a. '72 hour' fast test

176. Which of the following tests is not used in the diagnosis of insulinoma: (AI 2011)

- Fasting blood glucose
- Xylose test
- C-peptide levels
- Insulin/Glucose Ratio

Ref: Harrison's 18/e p3066, 3067, 17/e p2354

177. Carcinoid tumour is most common in: (AIIMS May 04)

- Esophagus
- Stomach
- Jejunum
- Appendix

Ref: Harrison's 18/e p3058, 17/e p2349

178. All of the following statements about carcinoid syndrome are true except: (DNB)

- Atypical carcinoid syndrome is usually produced by foregut carcinoids
- Plasma serotonin levels are normal in Atypical carcinoid syndrome
- Midgut carcinoids have high serotonin content
- Foregut carcinoids are usually argentaffin

Ref: Harrison's 18/e p3062-3063

179. All of the following may be raised in carcinoid syndrome, except: (DNB 2012)

- 5HIAA
- 5HT
- 5HTP
- VMA

Ref: Harrison's 18/e p2962, 3058, 3063, 17/e p2739

180. Diagnosis of carcinoid tumors is done by: (DNB)

- 5HIAA
- DHEA
- VMA
- Metanephrines

Ref: Harrison's 18/e p3058

181. Which of the following is most likely to be raised in patients with Atypical carcinoids: (DNB)

- 5 HIAA
- 5 HTP
- VMA
- Metanephrines

Ref: Harrison's 18/e p3063, 3064

182. All of the following about Gastrointestinal Carcinoid tumors are true, except: (AI 2010)

- Small intestine and appendix account for almost 60% of all gastrointestinal carcinoid.
- Rectum is spared
- 5 year survival for carcinoid tumors is >60%
- Appendical carcinoids are more common in females than males.

Ref: Harrison's 18/e p3061, 17/e p2350, 2351

183. Carcinoid syndrome produces valvular disease primarily of the: (AIIMS May 04)

- Venous valves
- Tricuspid valve
- Mitral valve
- Aortic valve

Ref: Harrison 16/e p2224; Harrison 17/e p2351; Harrison 18/e p3062

G. MISCELLANEOUS

184. The most common organ involved in MEN I is:

- Parathyroid (Comed K 2010)
- Thyroid
- Adrenal
- Testis

Ref: Harrison's 18/e p3073

185. Persistent priapism is rarely seen as a consequence of:

- Sickle cell disease. (Comed K 2010)
- Leukemia.
- Spinal cord disease.
- Prolonged sexual activity.

Ref: Harrison's 18/e p855

186. A 20 year old male presented with chronic constipation, headache and palpitations. On examination he had marfanoid habitus, neuromas of tongue, medullated corneal nerve fibers and nodule of 2x2 cm size in the left lobe of thyroid gland. This patient is a case of: (AI 2004)

- Sporadic medullary carcinoma of thyroid
- Familial medullary carcinoma of thyroid
- MEN IIA
- MEN IIB

Ref: Harrison's 18/e p3073, 3076, 17/e p2359

187. In MEN I, which is seen most commonly: (AI 2007)

- Insulinoma
- Gastrinoma
- Glucagonoma
- Somatostatinoma

Ref: Harrison 16/e p2232; Harrison 17th/2358, 2359; Harrison 18/e p3072, 3073

188. MEN I syndrome is associated with all of the following, except: (DNB 2012)

- Pancreatic Tumors
- Parathyroid Tumors
- Pituitary Adenoma
- Medullary Carcinoma Thyroid

Ref: Harrison's 18/e p3073, 3076

189. MEN I syndrome is most commonly associated with:

- Gastrinoma (AI 2008)
- Insulinoma
- Glucagonoma
- Somatostatinoma

Ref: Harrison's 18/e p3073, 17/e p2358, 2359

190. A 36 year old female with symptoms of hyperparathyroidism, pituitary adenomas, islet cell tumor with cutaneous angiofibromas. What is the diagnosis? (AIIMS Nov 07)

- MEN 1
- MEN 2A
- MEN 2B
- MEN 2C

Ref: Harrison's 18/e p3073, 17/e p2359

191. All are associated with MEN 2 except: (AIIMS May 07)

- Pheochromocytoma
- Islet cell hyperplasia
- Medullary carcinoma thyroid
- Parathyroid adenoma

Ref: Harrison's 18/e p3073, 17/e p2359

Ans. 176. b. Xylose test

180. a. 5HIAA

184. a. Parathyroid

188. d. Medullary...

177. d. Appendix

181. b. 5 HTP

185. a. Sickle cell disease

189. a. Gastrinoma

178. d. Foregut...

182. b. Rectum is spared

186. d. MEN IIB

190. a. MEN 1

179. d. VMA

183. b. Tricuspid valve

187. b. Gastrinoma

191. b. Islet cell hyperplasia

192. All of the following are features of MEN II a, except: (AI 2001)
 a. Pituitary tumor
 b. Pheochromocytoma
 c. Medullary ca thyroid
 d. Neuromas *Ref: Harrison's 18/e p3073, 3075-3076, 17/e p2359*
193. All of the following are seen in MEN II B, except: (DNB June 2011)
 a. Hyperparathyroidism
 b. Neuromas
 c. Pheochromocytoma
 d. Medullary Carcinoma Thyroid
Ref: Harrison's 18/e 3076, 17/e p2359
194. Pancreatitis, pituitary tumor and pheochromocytoma may be associated with: (AI 2004, 2005)
 a. Medullary carcinoma of the thyroid
 b. Papillary carcinoma of the thyroid
 c. Anaplastic carcinoma of the thyroid
 d. Follicular carcinoma of the thyroid
Ref: Harrison's 18/e p3072, 3073, 17/e p2358
195. A patient presents with intermittent headache. On examination there is hypertension and a thyroid nodule. Which of the following steps is to be taken next: (AIIMS Nov 2000)
 a. Urine HIAA levels
 b. Urine VMA and aspiration of the thyroid nodule
 c. Ultrasound abdomen
 d. Echocardiography
*Ref: Urine VMA and aspiration of the thyroid nodule
 Ref: Harrison's 18/e p3075, 17/e p2361*
196. A 25 year old young woman has recurrent episodes of headache and sweating. Her mother had renal calculi and died after having a neck mass. The physical examination reveals a thyroid nodule but no clinical sign of thyrotoxicosis. Before performing thyroid surgery, the surgeon should order: (AIIMS Nov 02)
 a. Measurement of thyroid hormones.
 b. Serial determinations of serum calcium, phosphorus protein and alkaline phosphatase.
 c. 24-hours urine test for 5 hydroxyindoleacetic acid excretion.
 d. Serial 24 hours test for catecholamines, metanephrines and vanillylmandelic acid excretion.
Ref: Harrison's 18/e p3077, 17/e p2361
197. Estimation of the following hormones is useful while investigating a case of gynaecomastia except: (AI 2004)
 a. Testosterone
 b. Prolactin
 c. Estradiol
 d. Lutenizing hormone
Ref: Harrison's 18/e p3020, 17/e p2318
198. The karyotype of patient with androgen insensitivity syndrome is: (AI 2005)
 a. 46XX
 b. 46XY
 c. 47XXY
 d. 45XO
Ref: Harrison's 18/e p3019, 17/e p2344
199. A baby girl presents with bilateral inguinal masses, thought to be hernias but are found to be testes in the inguinal canals. Which karyotype would you expect to find in the child: (AIIMS Nov 2004)
 a. 46, XX
 b. 46, XY
 c. 47, XXY
 d. 47, XYY
Ref: Harrison's 18/e p3051, 17/e p2344
200. A 21 year old woman presents with complaints of primary amenorrhoea. Her height is 153 cms, weight is 51 kg. She has well developed breasts. She has no pubic or axillary hair and no hirsutism. Which of the following is the most probable diagnosis? (AI 2004)
 a. Turner's syndrome
 b. Stein-Leventhal syndrome
 c. Premature ovarian failure
 d. Complete androgen insensitivity syndrome
Ref: Harrison's 18/e p3051, 17/e p2344
201. A 15 year old female presents with primary amenorrhoea. Her breasts are Tanner 4 but she has no axillary or pubic hair. The most likely diagnosis is: (AI 06)
 a. Turner's syndrome
 b. Mullerian agensis
 c. Testicular feminization syndrome
 d. Premature ovarian failure
Ref: Harrison's 18/e p3051, 3053, 17/e p2344
202. All of the following are associated with hypergonadotrophic hypogonadism in males, except: (AI 2010)
 a. Viral orchitis
 b. Klinefelter's syndrome
 c. Kallman's syndrome
 d. Noonan syndrome
Ref: Harrison's 18/e p3017, 3018, 17/e p2316

Ans.	192. a. Pituitary tumor	193. a. Hyperparathyroidism	194. a. Medullary...	195. b. Urine VMA
	196. d. Serial 24...	197. b. Prolactin	198. b. 46XY	199. b. 46, XY
	200. d. Complete	201. c. Testicular	202. c. Kallman's syndrome	

8. CONNECTIVE TISSUE DISORDERS

- A. Connective Tissue Disorders and Joint Disorders
- B. Vasculitis
- C. Miscellaneous

CONNECTIVE TISSUE DISORDERS (QUESTIONS)

A. CONNECTIVE TISSUE DISORDERS AND JOINT DISORDERS

1. Arthritis is not a part of: (Kerala PG 09)

- a. Lupus
- b. Psoriasis
- c. Wegner's granulomatosis
- d. Reiter's syndrome

Ref: Harrison's 18/e p2728, 2780, 2790, 2847

2. Shrinking lung syndrome is seen in: (UP 2009)

- a. Tuberous sclerosis
- b. Scleroderma
- c. Diabetes mellitus
- d. Systemic lupus erythromatosis

Ref: Davidson 20/e p723

3. Ankylosing spondylitis is associated with: (UP 2011)

- a. HLA-B-8
- b. HLA-B-5
- c. HLA DR-3
- d. HLA-B-27

Ref: Harrison's 18/e p2693

4. Which of the following is NOT associated with ankylosing spondylitis: (UP 2011)

- a. SLE
- b. Reiter's syndrome
- c. Psoriatic arthropathy
- d. Crohn's disease

Ref: Harrison's 18/e p2774, 2775

5. Anti ds DNA is most specific for: (PGI Dec 03)

- a. SLE
- b. Rheumatoid arthritis
- c. Scleroderma
- d. Polymyositis
- e. Sjogren's syndrome

Ref: Harrison's 18/e p2726

6. Most specific Antibodies for SLE are: (PGI Dec 2000)

- a. Anti-Ro
- b. Anti-Jo
- c. Anti-Sm
- d. Anti-ds DNA
- e. Anti-La

Ref: Harrison's 18/e p2726

7. Best marker for drug induced lupus is: (AI 2007)

- a. Antihistone antibodies
- b. Anti ds DNA
- c. ANA
- d. Anti smith Ab

Ref: Harrison's 18/e p2726

8. Drug induced lupus can be identified by: (AI 06)

- a. Anti-histone antibodies
- b. Double stranded DNA antibodies
- c. Antinuclear antibodies
- d. Anti-SM antibodies

Ref: Harrison's 18/e p2726

9. Anticentromere antibodies are most commonly associated with: (AI 06)

- a. Diffuse cutaneous systemic sclerosis
- b. Mixed connective tissue disease
- c. CREST syndrome
- d. Polymyositis

Ref: Harrison's 18/e p2760, Table 323-3

10. Which of the following parameters are included in the Revised (ACR) Criteria for SLE: (PGI 2009)

- a. ANA
- b. Anti DS-DNA Antibody
- c. Lymphopenia <10000/ μ L
- d. Proteinuria >7500mg/dL
- e. Leucocytopenia <1000/ μ L

Ref: Harrison 17/e p2077; Harrison 18/e p2728

11. A 23-year old woman has experienced episodes of myalgias, pleural effusion, pericarditis and arthralgias without joint deformity over course of several years. The best laboratory screening test to diagnose her disease would be: (AI 2003)

- a. CD4 lymphocyte count
- b. Erythrocyte sedimentation rate
- c. Antinuclear antibody
- d. Assay for thyroid hormones

Ref: Harrison's 18/e p2726, 17/e p2076 Table 313-1

12. Erosive arthritis is seen in all, except: (AI 2000)

- a. SLE
- b. Gout
- c. Osteoarthritis
- d. Old age

Ref: Harrison's 18/e p2728, 17/e p2077

13. Joint erosions are not a feature of: (AI 06)

- a. Rheumatoid arthritis
- b. Psoriasis
- c. Multicentric reticulohistiocytosis
- d. Systemic lupus erythematosus

Ref: Harrison's 18/e p2728, 17/e p2077

14. In which of the following arthritis erosions are not seen: (AIIMS May 05)

- a. Rheumatoid arthritis
- b. Systemic lupus erythematosus (SLE)
- c. Psoriasis
- d. Gout

Ref: Harrison's 18/e p2728, 17/e p2077

Ans.	1. c. Wegner's...	2. d. Systemic lupus...	3. d. HLA-B-27	4. a. SLE
	5. a. SLE	6. c. Anti-Sm	7. a. Antihistone antibodies	8. a. Anti-histone antibodies
	9. c. CREST syndrome	10. a and b	11. c. Antinuclear antibody	12. a. SLE
	13. d. Systemic lupus...	14. b. Systemic lupus...		

15. All of the following are true about SLE except:
 a. Autoimmune hemolytic Anemia (PGI Dec 06)
 b. ↑ed ANA
 c. Anti-ds DNA
 d. Raynaud's phenomenon
 e. Joint deformity

Ref: Harrison's 18/e p2726, 2728

16. Deposition of Anti ds DNA Ab in kidney, skin, choroid plexus and joints is seen in: (AI 2007)
 a. SLE
 b. Goodpasture's syndrome
 c. Scleroderma
 d. Raynauds disease

Ref: Harrison's 18/e p2728

17. All of the following are known to cause lupus-like syndrome, except: (AIIMS Nov 2010)
 a. INH
 b. Penicillin
 c. Hydralazine
 d. Sulphonamide Ref: Harrison's 18/e p2735, 17/e p2083

18. All of the following are true about drug induced lupus; except: (PGI June 07)
 a. Anti histone antibody
 b. Rare anti ds DNA
 c. Renal involvement
 d. Serositis

Ref: Harrison's 18/e p2735, 17/e p2083

19. Wire loop lesions are often characteristic for the following class of lupus nephritis: (AIIMS May 04)
 a. Mesangial proliferative glomerulonephritis (WHO class II)
 b. Focal proliferative glomerulonephritis (WHO class III)
 c. Diffuse proliferative glomerulonephritis (WHO class IV)
 d. Membranous glomerulonephritis (WHO class V)

Ref: Harrison's 18/e p2726, 2727, 17/e p2076

20. All of the following factors are associated with adverse prognosis and high risk of Renal progression in Lupus Nephritis, except: (PGI Dec 03)
 a. High levels of Anti-ds DNA
 b. Persistent proteinuria (Nephrotic range > 3gm/day)
 c. Hypocomplementenemia
 d. Anti LA (SSB)

Ref: Harrison's 18/e p2726, Table 319-1

21. 30-year old Basanti presents with light brown lesions involving both her cheeks. The lesions had never been erythematous. Which of the following is the most probable diagnosis: (AIIMS Nov 2000)
 a. SLE
 b. Chloasma
 c. Air borne contact dermatitis
 d. Photo sensitive reaction

22. A female developed brown macule on the cheek, forehead and nose after exposure to light following delivery of a baby, the diagnosis is: (AIIMS June 2000)

- a. SLE
 b. Chloasma
 c. Photodermatitis
 d. Acne rosacea

23. Antiphospholipid Antibody (APLAb) syndrome is associated with all of the following except: (AI 2010)
 a. Bleeding disorders
 b. Thrombotic disorders
 c. Coagulation disorders
 d. Recurrent fetal loss

Ref: Harrison's 18/e p2736, 17/e p732, 1579, 2082

24. All of the following statements about Antiphospholipid Antibody Syndrome (APLAB) are true, except: (AI 2010)
 a. Single titre of anticardiolipin is diagnostic
 b. Commonly presents with recurrent fetal loss
 c. May cause pulmonary hypertension
 d. Warfarin is given as treatment

Ref: Harrison's 18/e p2736, 17/e p732, 1579, 2082

25. Anti phospholipid syndrome (APS) is associated with all of the following except: (AI 2008)
 a. Pancytopenia
 b. Recurrent abortions
 c. Venous thrombosis
 d. Pulmonary hypertension

Ref: Harrison's 18/e p2736, 17/e p732, 1579, 2082

26. The following condition is not associated with an Anti-phospholipid syndrome: (AI 2002)
 a. Venous thrombosis
 b. Recurrent foetal loss
 c. Thrombocytosis
 d. Neurological manifestations

Ref: Harrison's 18/e p2736

27. Which of the following is recommended in a woman with Antiphospholipid Antibodies and history of prior abortions/still birth: (AI 2010)
 a. Aspirin only
 b. Aspirin + Low molecular weight heparin
 c. Aspirin + Low molecular weight heparin + Prednisolone
 d. No Treatment

Ref: Harrison's 18/e p2737, 17/e p2082

28. Felty's syndrome is associated with disease of: (Karnataka 2010)
 a. Thyrotoxicosis
 b. Splenomegaly
 c. Hepatomegaly
 d. None of the above

Ref: Harrison's 18/e p2740

29. NOT True about Gout: (UP 2009)
 a. Uncommon in vegetarians
 b. Uncommon in tallotellers
 c. Not found in women after menopause
 d. Not common in renal disorders

Ref: Harison's 18/e 2837, 2838; 17/e p2165; Apley 18/e p69

Ans.	15. e. Joint deformity	16. a. SLE	17. b. Penicillin	18. c. Renal involvement
	19. c. Diffuse proliferative...	20. d. Anti LA (SSB)	21. b. Chloasma	22. b. Chloasma
	23. a. Bleeding disorders	24. a. Single titre of...	25. a. Pancytopenia	26. c. Thrombocytosis
	27. b. Aspirin + Low...	28. b. Splenomegaly	29. c. Not found in women...	

30. Which biological response modifier act through CLTA-4 in treatment of rheumatoid arthritis: (Rajasthan 2009)

- a. Abatacept
- b. Rituximab
- c. Eqratzumab
- d. Ocrelizumab

Ref: Harrison's 18/e p2749-2750

31. Abatacept is currently approved for use in: (AP 2011)

- a. Ankylosing spondylitis
- b. Ulcerative colitis
- c. Rheumatoid arthritis
- d. Psoriatic arthritis

Ref: Harrison's 18/e p2749

32. Commonest ocular manifestation of rheumatoid arthritis is: (J & K 2011)

- a. Dry eyes
- b. Episcleritis
- c. Scleromalacia
- d. Corneal melting

Ref: Harrison's 18/e p2738

33. All of the following are true about rheumatoid arthritis, except (Select three options): (PGI 2009)

- a. PIP and DIP Joints involved equally
- b. Pathology limited to articular cartilage
- c. Women are affected 3 times more commonly than men
- d. Rheumatoid nodules are seen in 20% of patients
- e. 20 percent of patients have extra articular

Ref: Harrison's 18/e p2738, 2739, 17/e p2083, 2085, 2087, 2086

34. A middle aged female presents with polyarthritis, elevated Rheumatoid factor and ANA levels. Which of the following features will help in differentiating rheumatoid arthritis from SLE: (AIIMS Nov 08)

- a. Soft tissue swelling in PIP Joint
- b. Juxta-articular osteoporosis on X ray
- c. Articular erosions on X Ray
- d. Elevated ESR

Ref: Harrison's 18/e p2728, 17/e p2077

35. Which radiological feature would help differentiate rheumatoid arthritis with SLE? (AIIMS Nov 2008)

- a. Erosion
- b. Juxta-articular osteoporosis
- c. Subluxation of MCP joint
- d. Swelling of PIP joint

Ref: Harrison's 18/e p2728, 17/e p2079

36. Rheumatoid factor is a: (AI 2008)

- a. Antibody
- b. Mucopolysaccharide
- c. Lipoprotein
- d. Glycoprotein

Ref: Harrison's 18/e p2825, 17/e p2155

37. Rheumatoid factor is: (PGI Dec 01)

- a. IgG
- b. IgM

- c. IgD
- d. IgE

Ref: Harrison's 18/e p2825, 17/e p2088

38. Rheumatoid factor in Rheumatoid arthritis is: (PGI Dec 03)

- a. IgG
- b. IgM
- c. IgA
- d. IgD
- e. IgE

Ref: Harrison's 18/e p2825, 17/e p2088, 2155

39. Rheumatoid factor in rheumatoid arthritis is important because: (AI 2002)

- a. RA factor is associated with bad prognosis
- b. Absent RA factor rules out the diagnosis of Rheumatoid arthritis
- c. It is very common in childhood Rheumatoid arthritis
- d. It correlates with disease activity

Ref: Harrison's 18/e p2746, 17/e p2088

40. False positive rheumatoid factor can be associated with all except: (AI 2009)

- a. Inflammatory bowel disease
- b. HbsAg
- c. VDRL
- d. Coombs test

Ref: Harrison's 18/e p2746, 17/e p2088

41. Which of the following is the most specific test for Rheumatoid Arthritis: (AIIMS Nov 06)

- a. Anti- ccp antibody
- b. Anti IgM antibody
- c. Anti IgA antibody
- d. Anti IgG antibody

Ref: Harrison's 18/e p2746, 17/e p2088

42. Rheumatoid Arthritis is best diagnosed by:

- a. Anti-CCP antibodies (AIIMS Nov 2011)
- b. IgA rheumatoid factor
- c. IgG rheumatoid factor
- d. IgM rheumatoid factor

Ref: Harrison's 18/e p2745, 17/e p2088

43. Causative agent for rheumatoid arthritis is: (AI 2008)

- a. Mycoplasma
- b. Mycobacterium avium
- c. Yersinia
- d. Herpes virus

Ref: Harrison's 18/e p2742, 17/e p2084

44. Which of the following HLA subtype is most characteristically associated with rheumatoid arthritis: (PGI June 01)

- a. HLADR1
- b. HLADR2
- c. HLADR3
- d. HLADR4
- e. HLADR5

Ref: Harrison's 18/e p2741, 17/e p2083

Ans.	30. a. Abatacept	31. c. Rheumatoid arthritis	32. a. Dry eye	33. a, b and e
	34. c. Articular erosions...	35. a. Erosion	36. a and d	37. b. IgM
	38. b. IgM	39. a. RA factor is associated...	40. a. Inflammatory bowel...	41. a. Anti- ccp antibody
	42. a. Anti-CCP...	43. a. Mycoplasma	44. d. HLADR4	

45. All of the following are true about Rheumatoid Arthritis, except: (PGI Dec 01)

- a. HLA-DR determine genetic susceptibility
- b. HLA-B27 determine genetic susceptibility
- c. Anemia
- d. Subcutaneous nodules
- e. Joint deformity

Ref: Harrison's 18/e p2741, 2739

46. Which of the following is not true about RA? (AI 2009)

- a. Fever
- b. Rheumatoid nodules
- c. Uveitis
- d. Raynaud's phenomenon

Ref: Harrison's 18/e p2741, 17/e p2739

47. A 35 year old male patient develops involvement of proximal and distal interphalangeal joints and 1st carpo-metacarpal joints with sparing of wrist and metacarpophalangeal joint. The Diagnosis is: (AI 2000)

- a. Osteoarthritis
- b. Psoriatic arthropathy
- c. Rheumatoid arthritis
- d. Pseudogout

Ref: Harrison's 18/e p2828

48. Herbeden's arthropathy affects: (AI 2005)

- a. Lumbar spine
- b. Symmetrically large joints
- c. Sacroiliac joints
- d. Distal interphalangeal joints

Ref: Harrison's 18/e p2829, 17/e p2158

49. Gout is a disorder of: (AI 2010)

- a. Purine Metabolism
- b. Pyrimidine Metabolism
- c. Ketone Metabolism
- d. Protein metabolism

Ref: Harrison's 18/e p2838, 3181, 17/e p2444

50. All of the following statements about primary gouty arthritis are true, except: (AI 2010)

- a. 90% of cases are caused by over production of uric acid
- b. Uric acid levels may be normal at the time of an acute attack
- c. Men are more commonly affected than women (Male > Females)
- d. Definitive diagnosis requires aspiration of synovial fluid

Ref: Harrison's 18/e p2837, 2838, 17/e p2445, 2165, 2166

51. All of the following are true about gout, except:

- a. Occurs due to accumulation of urate crystals in joint
- b. Can be pptd by pyrazinamide (PGI June 02)
- c. Birefringent crystals are present in joint
- d. Occurs more in females
- e. Due to decreased excretion of uric acid

Ref: Harrison's 18/e p2837, 17/e p2165

52. All of the following statements about an attack of gouty arthritis are true, except: (DNB June 2009)

- a. Joint aspirate reveals negative birefringent crystals
- b. Allopurinol should be started immediately
- c. Colchicine is known to provide relief
- d. Serum uric acid levels may be normal

Ref: Harrison's 18/e p2839

53. All of the following conditions are observed in gout except: (AIIMS May 05)

- a. Uric acid nephrolithiasis
- b. Deficiency of enzyme Xanthine oxidase
- c. Increase in serum urate concentration
- d. Renal disease involving interstitial tissues

Ref: Harrison's 18/e p2838, 3183, 17/e p2446

54. A 60-year old man with diabetes mellitus presents with painless, swollen right ankle joint. Radiographs of the ankle show destroyed joint with large number of loose bodies. The most probable diagnosis is: (AI 2003)

- a. Charcot's joint
- b. Clutton's joint
- c. Osteoarthritis
- d. Rheumatoid arthritis

Ref: Harrison's 18/e p2855, 17/e p2180, 2181

55. Charcot's joint includes all of the following except:

- a. Syringomyelia (AIIMS Nov 06)
- b. Leprosy
- c. Diabetes
- d. Arthrogryposis multiple congenital

Ref: Harrison's 18/e p2855-2856

56. Which is not true of Rheumatoid arthritis? (AP 2012)

- a. Eosinopenia
- b. Neutropenia
- c. Ineffective erythropoiesis
- d. Thrombocytosis is present

Ref: Harrison's 18/e p2738, 481

57. Most common systemic association of scleritis: (WB PG 08)

- a. Rheumatoid arthritis
- b. Ankylosing spondylitis
- c. Systemic sclerosis
- d. Systemic lupus erythematosus

Ref: Harrison's 18/e p229, 17/e p185; Khurana 3/e p149

B. VASCULITIS

58. Which of the following is a 'small vessel vasculitis':

- a. Polyarteritis nodosa (PAN) (AI 2012)
- b. Microscopic polyangitis
- c. Giant cell vasculitis
- d. Takayasu's disease

Ref: Harrison's 18/e p2792

59. All of the following are small vessels vasculitis, except:

- a. Classical PAN (PGI Dec 2000)
- b. Wegner's granulomatosis
- c. HSP
- d. Churg strauss syndrome
- e. Microscopic polyangitis

Ref: Harrison's 18/e p2794

Ans.	45. b. HLA-B27...	46. d. Raynaud's phenomenon	47. a. Osteoarthritis	48. d. Distal interphalangeal joints
	49. a. Purine Metabolism	50. a. 90% of cases are caused...	51. d. Occurs more in females	52. b. Allopurinol should be...
	53. b. Deficiency of...	54. a. Charcot's joint	55. d. Arthrogryposis multiple...	56. a. Eosinopenia
	57. a. Rheumatoid arthritis	58. b. Microscopic polyangitis	59. a. Classical PAN	

60. Which of the following are small vessel vasculitides (Select two best options): (PGI 2009)
 a. HUS
 b. HSP
 c. Kawasaki disease
 d. Churg-Strauss syndrome
Ref: Harrison's 18/e p2797
61. ANCA is found in all of the following except: (PGI June 02)
 a. Wegner's granulomatosis
 b. Churg-Strauss disease
 c. Microscopic polyangitis
 d. Takayasu's arteritis
 e. SLE
Ref: Harrison's 18/e p2786
62. ANCA positive vasculitis include all of the following except: (PGI Dec 06)
 a. Wegner's granulomatosis
 b. Churg Strauss syndrome
 c. Microscopic PAN
 d. Goodpasture's syndrome
Ref: Harrison's 18/e p2786
63. ANCA is NOT associated with which of the following diseases: (AIIMS Nov 2000)
 a. Wegener's granulomatosis
 b. Henoch Schonlein purpura
 c. Microscopic PAN
 d. Churg Strauss syndrome
Ref: Harrison's 18/e p2786
64. C-ANCA is associated with: (PGI June 08)
 a. Wegener's granulomatosis
 b. Microscopic polyangitis
 c. Churg- Strauss syndrome
 d. Polyarteritis nodosa (PAN)
Ref: Harrison's 18/e p2786
65. c-ANCA positivity indicates, antibody formed against: (AI 07)
 a. Proteinase 3
 b. Myeloperoxidase
 c. Cytoplasmic antinuclear antibody
 d. Anti-centromere antibody
Ref: Harrison's 18/e p2786
66. The presence of anti-saccharomyces cerevisiae antibody is a surrogate marker of one of the following: (AI 06)
 a. Coeliac disease
 b. Crohn's disease
 c. Ulcerative colitis
 d. Tropical sprue
Ref: Harrison's 18/e p2485
67. Antiendomysial antibody is typically seen in: (DNB)
 a. Celiac disease
 b. SLE
 c. Tropical sprue
 d. Collagenous colitis
Ref: Harrison's 18/e p2471
68. All of the following condition are associated with granulomatous pathology, except: (AI 2010)
 a. Wegner's granulomatosis (WG)
 b. Takayasu arteritis (TA)
 c. Polyarteritis nodosa (Classic PAN)
 d. Giant cell arteritis (GCA)
Ref: Harrison's 18/e p2794
69. A person with involvement of upper respiratory tract, lungs and kidney shows evidence of granulomas on histopathology. The most likely diagnosis is: (DNB)
 a. Wegener's granulomatosis
 b. Goodpasture syndrome
 c. Tuberculosis
 d. Sarcoidosis
Ref: Harrison's 18/e p2789
70. A 20 year old woman presents with bilateral conductive deafness, palpable purpura on the legs and hemoptysis. Radiograph of the chest shows a thinwalled cavity in left lower zone. Investigations reveal total leukocyte count $12000/\text{mm}^3$, red cell casts in the urine and serum creatinine 3mg/dL . What is the most probable diagnosis:
 a. Henoch-Schonlein purpura
 b. Polyarteritis nodosa
 c. Wegener's granulomatosis
 d. Disseminated tuberculosis
Ref: Harrison's 18/e p2790
71. Wegener's granulomatosis does not affect: (DNB Jun 2010)
 a. Kidney
 b. Lungs
 c. Eye
 d. Liver
Ref: Harrison's 18/e p2790, 2789
72. A 30 years old male patient presents with complaints of weakness in right upper and both lower limbs of last 4 months. He developed digital infarcts involving 2nd and 3rd fingers on right side and 5th finger on left side. On examination, BP was 160/140 mm Hg, all peripheral pulses were palpable and there was asymmetrical neuropathy. Investigations showed a Hb 12 gm, TLC-12000 Cu mm , Platelets 4,30,000, ESR-49 mm. Urine examination showed proteinuria and RBC – 10-15/hpf with no casts. Which of the following is the most likely diagnosis? (AI 05)
 a. Polyarteritis nodosa
 b. Systemic lupus erythematosus
 c. Wegener's granulomatosis
 d. Microscopic polyangitis
Ref: Harrison's 18/e p2794
73. An 18 year old boy presents with digital gangrene in 3rd and 4th fingers for last 2 weeks. On examination the BP is 170/110 mm of Hg and all peripheral pulses were palpable. Blood and Urine examination were unremarkable. Antinuclear antibody, Antibody to ds DNA and DNA and ANCA were negative. Most likely diagnosis is: (AI 2004)
 a. Henoch-Schonlein purpura
 b. Polyarteritis nodosa
 c. Wegener's granulomatosis
 d. Disseminated tuberculosis
Ref: Harrison's 18/e p2794

Ans.	60. b and d	61. d. Takayasu arteritis	62. d. Goodpasture's....	63. b. Henoch schonlein...
	64. a. Wegener's...	65. a. Proteinase 3	66. b. Crohn's disease	67. a. Celiac disease
	68. c. Polyarteritis...	69. a. Wegener's...	70. c. Wegener's...	71. d. Liver
	72. a. Polyarteritis nodosa	73. b. Polyarteritis nodosa		

74. A 30 year old male presents with numbness of both lower limbs and right upper limb. Examination reveals pulse 88/minutes and BP 160/110 mm of Hg. He also has digital gangrene involving right 2nd and 3rd finger, urine routine examination is unremarkable. Microscopic examination shows RBC's. Hemogram and serum biochemistry is within normal limits. What is the most probable diagnosis?
 a. Systemic lupus erythematosus (AIIMS May 2006)
 b. Polyarteritis nodosa
 c. Malignant hypertension
 d. Churg-Strauss syndrome
Ref: Harrison's 18/e p2794, 17/e p2124
75. A patient presents with melaena, normal renal function, hypertension and mononeuritis multiplex. The most probable diagnosis is: (AIIMS Nov 04)
 a. Classical polyarteritis nodosa
 b. Microscopic polyangiitis
 c. Henoch-Schonlein purpura
 d. Buerger's disease
Ref: Harrison's 18/e p2794, Table 326-6
76. Which of the following is not true about Churg Strauss syndrome: (DNB June 2009)
 a. Asthma
 b. Peripheral eosinophilia
 c. Vasculitis of multiple organ systems
 d. Intravascular granulomas
Ref: Harrison's 18/e p2793
77. An elderly female presents to the emergency department with history of fever, headache and double vision. Biopsy of temporal artery revealed panarteritis. The most likely diagnosis is: (AIIMS Nov 09)
 a. Nonspecific arteritis
 b. Polyarteritis nodosa
 c. Wegener's granulomatosis
 d. Temporal arteritis
Ref: Harrison's 18/e p2795, 17/e p2126, 2127
78. All of the following statements about temporal arteritis are true, except: (AI 2009)
 a. More common in females
 b. Worsens on exposure to heat
 c. Seen in elderly women
 d. Can lead to sudden bilateral blindness
Ref: Harrison's 18/e p2795
79. Which of the following statements regarding Kawasaki disease is true: (AI 2008)
 a. Associated with coronary artery aneurysm in up to 25% of untreated cases
 b. It is the most common cause of vasculitis in children
 c. IV immunoglobulins are recommended only if coronary artery is involved
 d. Lymph node biopsy is used for diagnosis
Ref: Harrison's 18/e p2800
80. The treatment of choice for Kawasaki disease is:
 a. Cyclosporine (AIIMS May 2005)
 b. Prednisolone
 c. Immunoglobulins
 d. Methotrexate
Ref: Harrison's 18/e p2800
81. Treatment of choice for Kawasaki disease is:
 a. IV Immunoglobulins (AIIMS Nov 2011)
 b. Steroids
 c. Dapsone
 d. Methotrexate
Ref: Harrison's 18/e p2800
82. Treatment of choice for Kawasaki disease: (AIIMS May 09)
 a. Immunoglobulins
 b. Corticosteroids
 c. Azathioprine
 d. Methotrexate
Ref: Harrison's 18/e p2800, 17/e 2130
83. A 24 year old male presents with abdominal pain, rashes, palpable purpura and, arthritis. The most probable diagnosis is: (AI 08)
 a. Henoch Schonlein purpura (HSP)
 b. Sweet syndrome
 c. Meningococemia
 d. Hemochromatosis
Ref: Harrison's 18/e p2797, 17/e 2128
84. All of the following are true about HSP, except:
 a. Palpable purpura (PGI Dec 2000)
 b. Kidney's commonly affected
 c. ANCA negative
 d. Thrombocytopenia
Ref: Harrison's 18/e p2797
85. A 20 year old girl presents with abdominal pain, arthralgia and a palpable purpuric rash all over the body. The most likely diagnosis is: (DNB)
 a. Henoch schonlein purpura (HSP)
 b. Kawasaki disease
 c. Hemolytic uremic syndrome (HUS)
 d. Idiopathic thrombocytopenic purpura (ITP)
Ref: Harrison's 18/e p2797, 17/e p2128
86. All are true of Henoch Schlein's purpura, except:
 a. Thrombocytopenia (AI 2000)
 b. Abdominal pain
 c. Arthritis
 d. GI bleed
Ref: Harrison 17/e p2128; Harrison 18/e p2797
87. True about Henoch Schonlein purpura: (PGI June 07)
 a. Abdominal pain
 b. Can lead to end stage renal disease
 c. Palpable purpura
 d. Intussusception
 e. All of the above
Ref: Harrison's 18/e p2797
88. One of the following is a characteristic of Henoch - Schonlein purpura: (AI 2002)
 a. Blood in stool
 b. Thrombocytopenia
 c. Intracranial hemorrhage
 d. Susceptibility to infection
Ref: Harrison's 18/e p2797, 17/e p2128

Ans.	74. b. Polyarteritis nodosa	75. a. Classical polyarteritis...	76. d. Intravascular...	77. d. Temporal arteritis
	78. b. Worsens on...	79. a. Associated with...	80. c. Immunoglobulins	81. a. IV Immunoglobulins
	82. a. Immunoglobulin	83. a. Henoch Schonlein...	84. d. Thrombocytopenia	85. a. Henoch Schonlein...
	86. a. Thrombocytopenia	87. e. All of the above	88. a. Blood in stool	

89. A 8 year old male had non blanching rashes over the shin and swelling of knee joint with haematuria +++ and protein +. Microscopic analysis of his renal biopsy specimen is most likely to show: (AIIMS Nov 07)

- Tubular necrosis
- Visceral podocyte fusion
- Mesangial deposits of IgA
- Basement membrane thickening

Ref: Harrison's 18/e p2797, 17/e p2128

90. Henoch-Schonlein purpura is characterized by the deposition of the following immunoglobulin around the vessels: (AIIMS Nov 05)

- IgM
- IgG
- IgA
- IgE

Ref: Harrison's 18/e p2797

91. Henoch Schonlein Purpura presents with deposition of: (DNB)

- IgG
- IgM
- IgA
- IgE

Ref: Harrison's 18/e p2797

92. Behcet's syndrome is characterized by all, except: (PGI Dec 2000)

- Myocarditis
- Erythema nodosum
- Oral and genital ulcers
- Thrombophlebitis

Ref: Harrison's 18/e p2801

93. Recurrent bilateral hypopyon formation associated with thrombophlebitis is most consistent with which of the following: (AI 2009)

- HLA B 27 associated uveitis
- Behcet's syndrome
- Syphilis
- Herpes Zoster

Ref: Harrison's 18/e p2801

94. Which of the following is most commonly involved in hypersensitivity vasculitis: (AIIMS May 09)

- Capillaries
- Arterioles
- Post-capillary venules
- Medium sized arteries

Ref: Harrison's 18/e p2798, 17/e p2128

95. Which of the following disease is/are mediated through complement activation: (PGI Dec 03)

- Atopic dermatitis
- Graft versus host disease
- Photoallergy
- Necrotizing vasculitis
- Urticaria

Ref: Harrison's 18/e p2784

96. Wegener's granulomatous disease almost always affects: (MP PG 2010)

- Nasal septum
- Lungs
- Kidneys
- Ear

Ref: Harrison's 18/e p2790

97. A person presents with unilateral headache and blurring of vision of 2 days/examination reveals a thickened cord-like structure on the involved side with elevated ESR, Diagnosis: (WB PG 08)

- Migraine
- Temporal arteritis
- Cluster headache
- Tension Headache

Ref: Harrison's 18/e p2795

98. Which among the following is not a feature of PAN: (Kerala PG 10)

- Mononeuritis multiplex
- Abdominal pain
- Heart block
- Hypertension

Ref: Harrison's 18/e 2794, 17/e p2125 table 319-5

99. All are true about temporal arteritis except: (Karnataka 2011)

- Average age of onset is 70 years
- More common in men
- About half of patients with untreated temporal arteritis develop blindness
- Steroids are the drugs of choice

Ref: Harrison's 18/e p2795, 17/e p2126; Kanski, 6/e p876

100. The most common leukocytoclastic vasculitis affecting children is: (Feb DP PGME 2009)

- Takayasu disease
- Mucocutaneous lymph node syndrome (Kawasaki disease)
- Henoch Schonlein purpura
- Polyarteritis nodosa

Ref: Harrison's 18/e p2797

C. MISCELLANEOUS

101. All of the following are associated with secondary Sjogren's syndrome except: (Karnataka 2011)

- Rheumatoid arthritis
- Primary biliary cirrhosis
- Pheochromocytoma
- Systemic lupus erythematosus

Ref: Harrison's 18/e p2770; Table 324-1

102. Type 1 cryoglobulinemia is associated with all the following except: (Karnataka 2011)

- Hyperviscosity
- Monoclonal IgM paraprotein
- Normal complement
- Strongly positive rheumatoid factor

Ref: Davidson's, 21/e p87, table 4.14

103. What is the most common extra-articular manifestation of ankylosing spondylitis? (Karnataka 2010)

- Anterior uveitis
- Aortic regurgitation
- Cataract
- Inflammatory bowel disease

Ref: Harrison's 18/e 2775, 17/e p2111

Ans.	89. c. Mesangial deposits...	90. c. IgA	91. a. IgG	92. a. Myocarditis
	93. b. Behcet's syndrome	94. c. Post-capillary...	95. d. Necrotizing...	96. a. Nasal septum
	97. b. Temporal arteritis	98. c. Heart Block	99. b. More common...	100. c. Henoch schonlein...
	101. c. Pheochromocytoma	102. d. Strongly positive...	103. a. Anterior uveitis	

104. The most specific autoantibody associated with lupus erythematosus is: (Karnatka 2010)
a. dsDNA
b. PCNA
c. Cardiolipin
d. Clq *Ref: Harrison's 18/e 2726, 17/e p2076, Table 313-1, 2088*
105. Leucopenia in SLE is almost always: (MHPGM-CET 2010)
a. Lymphopenia
b. Neutropenia
c. Eosinopenia
d. Any of the above
Ref: Harrison's 18/e p2730, 17/e p2077; Table 313-3
106. Arthritis mutilans is due to: (Kerela PG 2008)
a. Psoriatic arthritis
b. Osteoarthritis
c. Rheumatoid arthritis
d. Rheumatic arthritis
Ref: Harrison's 18/e p2780-2781, 16/e p1998; 17/e p2115
107. Bilateral acoustic neuroma is seen in: (Kerela PG 2008)
a. Type 1 neurofibromatosis
b. Type 2 neurofibromatosis
c. Tuberous sclerosis
d. Von Hippel Lindau syndrome
Ref: Harrison's 16/e p1998; 18/e p3389, 17/e p2607
108. In pseudogout, material deposited is: (Kerala PG 09)
a. Sodium oxalate
b. Calcium apatite
c. Monosodium urate
d. Calcium pyrophosphate
Ref: Harrison's 18/e p2839, 17/e p2167
109. What is not found in carcinoid syndrome: (WB PG 08)
a. Increased VMA
b. Flushing
c. Wheeze
d. Bronchospasm
Ref: Harrison's 18/e p3061, 3062, 17/e p2351-2352
110. Migratory necrolytic erythema is seen in: (MP PG 2010)
a. Glucagonoma syndrome
b. Peutz Jeghers syndrome
c. Sarcoidosis
d. Amyloidosis
Ref: Harrison's 18/e p3073
111. Tuberculides are seen in:
a. Lupus vulgaris
b. Scrofuloderma
c. Lichen scrofulosorum
d. Erythema nodosum
Ref: Behl 10/e p202; Neena Khanna 3/e p219; Dorland 218/e p1756
112. Tuberous sclerosis is characterized by all except:
a. Multiple renal cyst
b. Arachnoid cyst
c. Renal angioliopoma
d. Renal cell carcinoma
Ref: CMDT-10-903; Harison's 18/e p2360, 3390, 17/e p1800, 2607
113. Adenoma sebaceum is seen in: (UP 2011)
a. Scleroderma
b. Tuberous sclerosis
c. SLE
d. Systemic sclerosis
Ref: Harrison's 18/e p410, 417
114. All of the following features about generalized (diffuse) systemic sclerosis are true, except: (PGI June 07)
a. Raynaud's phenomenon seen years before skin changes
b. Trunk involvement
c. Anti centromere antibodies are characteristic
d. Frequent systemic symptoms
e. All statements are true
Ref: Harrison's 18/e p2758, 17/e p2097
115. Vasanti, 28-year-old, presents with complaints of tightness of fingers. There is also history of dysphagia. Which of the following is the probable diagnosis: (AIIMS Nov 2000)
a. Dermatomyositis
b. Scleroderma
c. Rheumatoid arthritis
d. Polyarteritis nodosa
Ref: Harrison's 18/e p2763, 17/e p2101, 2102
116. Features of systemic sclerosis include all of the following, except: (PGI June 03)
a. Calcinosis
b. Sclerodactyly
c. Hyperpigmentation (melanin deposition)
d. More common in women
e. More common in young patients
Ref: Harrison's 18/e p2758
117. A 14 year old girl on exposure to cold has pallor of extremities followed by pain and cyanosis. In later stages of life she is most prone to develop: (AIIMS Nov 08)
a. SLE
b. Scleroderma
c. Rheumatoid arthritis
d. Dermatomyositis
Ref: Harrison's 18/e p2763, 17/e p2096, 2101
118. Following cranial nerve is most commonly involved in patients with sarcoidosis: (AIIMS Nov 02)
a. II cranial nerve
b. III cranial nerve
c. VII cranial nerve
d. IX cranial nerve
Ref: Harrison's 18/e p2809, 17/e p2139
119. Bacillary angiomatosis not true: (AP 2011)
a. Caused by henslae
b. Can cause Peliosis hepatis
c. Aminoglycosides useful
d. Brain is involved in AIDS patient/associated with cerebral involvement in HIV
Ref: Harrison's 18/e p1318, 1319

Ans.	104. a. dsDNA	105. a. Lymphopenia	106. a. Psoriatic arthritis	107. b. Type 2...
	108. d. Calcium...	109. a. Increased VMA	110. a. Glucagonoma...	111. c. Lichen scrofulosorum
	112. b. Arachnoid cyst	113. b. Tuberous sclerosis	114. c. Anti centromere...	115. b. Scleroderma
	116. e. More common in...	117. b. Scleroderma	118. c. VII Cranial nerve	119. c. Aminoglycosides useful

120. All are seronegative (spondyloepiphyseal) arthritis with ocular manifestations, except: (AIIMS Nov 01)
 a. Ankylosing spondylitis
 b. Reiter's disease
 c. Rheumatoid arthritis
 d. Psoriatic arthritis
Ref: Harrison's 18/e p2746, 17/e p22109
121. HLA-B27 is typically associated with: (AIIMS Nov 09)
 a. Rheumatoid Arthritis
 b. Ankylosing spondylitis
 c. Sjogren's syndrome
 d. Scleroderma
Ref: Harrison's 18/e p2774
122. Features of seronegative spondyloarthropathy include all of the following, except: (PGI June 01)
 a. Strong association with HLA B27
 b. Negative rheumatoid factor
 c. Symmetrical polyarthritis
 d. Enthesitis
 e. Extraarticular feature including uveitis
Ref: Harrison's 18/e p2738
123. All are seronegative (spondyloepiphyseal) arthritis with ocular manifestations, except: (AIIMS Nov 01)
 a. Ankylospondilitis
 b. Reiter's disease
 c. Rheumatoid arthritis
 d. Psoriatic arthritis
Ref: Harrison's 18/e p2746, 17/e p2088
124. All the following diseases are associated with HLA B-27 and Uveitis, except: (AI 2000)
 a. Behcet's syndrome
 b. Psoriasis
 c. Ankylosing spondylitis
 d. Reiter's syndrome
Ref: Harrison's 18/e p2801, 17/e p2132
125. A patient presents with foreign body sensation in eye and swollen knee joint after a leisure trip. The most probable diagnosis is: (AI 2009)
 a. Sarcoidosis
 b. Reiter's disease
 c. Behcet's disease
 d. SLE
Ref: Harrison's 18/e p2779, 17/e p2113, 2114
126. What is not seen in Reiters syndrome: (AIIMS Nov 08)
 a. Subcutaneous nodules
 b. Keratoderma blennorrhagicum
 c. Circinate balanitis
 d. Oral ulcers
Ref: Harrison's 18/e p2779, 17/e p2114
127. Which of the organisms most commonly causes reactive arthritis? (AIIMS Nov 08)
 a. Ureaplasma urealyticum
 b. Group A beta hemolytic streptococci
 c. Borrelia burgdorferi
 d. Chlamydia
Ref: Harrison's 18/e p2778, 17/e p2113
128. Keratoderma blennorrhagica is typically seen in:
 a. Rheumatoid arthritis (DNB June 2010)
 b. Psoriatic arthritis
 c. Reactive arthritis
 d. Ankylosing spondylitis
Ref: Harrison's 18/e p2779
129. En-coup-de sabre is a form of: (Comed K 2010)
 a. Scleroderma
 b. Syphilis
 c. Lupus erythematosus
 d. Alopecia
130. Which of the following statements about fibromyalgia is true: (AI 2012)
 a. More common in males
 b. Sleep EEG studies have shown disruption in REM sleep
 c. Increased cortisol response to stress
 d. SPECT studies have reduced blood flow to the thalamus
Ref: Harrison's 18/e p2849-2851, 17/e p2180
131. A young, tall, thin, male with archnodactyly has ectopia lentis in both eyes. The most likely diagnosis is:
 a. Marfan's syndrome (AIIMS Nov 05)
 b. Marchesani's syndrome
 c. Homocystinuria
 d. Ehler's danlos syndrome
Ref: Harrison's 18/e p3212, 17/e p2468-2469
132. Most common cause of death in primary amyloidosis is
 a. Respiratory failure (DNB)
 b. Renal failure
 c. Cardiac failure
 d. Septicemia
Ref: Harrison's 18/e p948
133. True about Raynaud's disease are all except: (AI 2007)
 a. More common in females
 b. Good prognosis
 c. Positive antinuclear phenomenon
 d. Most common cause of Raynaud's phenomenon
Ref: Harrison's 18/e p2071, 17/e p1572
134. A 10-year old boy presents to the pediatric emergency unit with seizures. Blood pressure in the upper extremity measured as 200/140 mm Hg. Femoral pulses were not palpable. The most likely diagnosis amongst the following is: (AI 2010)
 a. Takayasu's aortoarteritis
 b. Renal parenchymal disease
 c. Grand mal seizures
 d. Coarctation of aorta
Ref: Harrison's 18/e p1925
135. Renal artery stenosis may occur in all of the following, except: (AI 06)
 a. Atherosclerosis
 b. Fibromuscular dysplasia
 c. Takayasu's arteritis
 d. Polyarteritis nodosa
Ref: Harrison's 18/e p2794

Ans. 120. c. Rheumatoid arthritis	121. b. Ankylosing spondylitis	122. c. Symmetrical...	123. c. Rheumatoid arthritis
124. a. Behcet's syndrome	125. b. Reiter's disease	126. a. Subcutaneous nodules	127. d. Chlamydia
128. c. Reactive Arthritis	129. a. Scleroderma	130. d. SPECT studies have...	131. a. Marfan's syndrome
132. c. Cardiac Failure	133. c. Positive antinuclear...	134. d. Coarctation of Aorta	135. d. Polyarteritis nodosa

136. What is the best method for confirming amyloidosis:

- a. Colonoscopy (AI 2007)
- b. Sigmoidoscopy
- c. Rectal biopsy
- d. Tongue biopsy

Ref: Harrison's 18/e p945, 17/e p2145

137. Select two medical conditions for IV immunoglobulin infusions: (PGI June 02)

- a. Myesthesia gravis
- b. Idiopathic thrombocytopenic purpura
- c. Takayasu arteritis
- d. Hemolytic uremic syndrome
- e. Multiple myeloma

Ref: Harrison's 18/e p3485

138. Intravenous immunoglobulin is given in: (select three options): (PGI June 04)

- a. Kawasaki disease
- b. GB syndrome
- c. Heart block
- d. Atrial fibrillation
- e. Myasthenia gravis

Ref: Harrison's 18/e p2684, 17/e p2044, 2059

139. Immunoglobulins used in Rx of:

- a. Myasthenia gravis (PGI Dec 06)
- b. I.T.P
- c. PAN
- d. Wegener's granulomatosis
- e. Guillian Barre syndrome

Ref: Harrison's 18/e p887, 888, 17/e p663

140. Immunoglobulins infusion is indicated in all except:

- a. Wiskott aldrich syndrome (PGI June 07)
- b. X-linked agammaglobulinemia
- c. Kawasaki disease
- d. PAN

Ref: Harrison's 18/e p2795

141. IV Immunoglobulins are indicated in all except:

- a. Kawasaki disease (PGI June 03)
- b. PAN
- c. GBS
- d. Bruton's hypogammaglobulinemia

Ref: Harrison's 18/e p2795

142. Plasmapheresis is used in all of the following except:

- a. Myaesthetic crisis (AI 2010)
- b. Cholinergic crisis
- c. Guillian Barre syndrome
- d. Polymyositis

Ref: Harrison's 18/e p3485, 3477, 3517

143. A woman is admitted with complain of low-grade fever of 6 weeks duration. Chest radiograph reveals bihilar adenopathy with clear lung fields. All of the following investigations will be useful in differential diagnosis except: (AI 2004)

- a. CD4/CD8 counts in the blood
- b. Serum ACE levels
- c. CECT of chest
- d. Gallium scan

Ref: Harrison's 18/e p2801, 2811

Ans. 136. c. Rectal biopsy

137. a and b

138. a, b and e

139. a and b

140. d. PAN

141. b. PAN

142. b. Cholinergic crisis

143. a. CD4/CD8 counts...

9. NERVOUS SYSTEM

- A. Seizures and Epilepsy
- B. Headache/Cerebrovascular Disorders
- C. Disorders of Spinal Cord
- D. Dementias and Extrapyrarnidal Disorders
- E. Head Injuries and Concussion
- F. Disorders of Muscles/Myopathies
- G. Episodic Weakness and Channelopathies
- H. Subarachnoid Hemorrhage
 - I. Meningitis
- J. Miscellaneous

NERVOUS SYSTEM (QUESTIONS)

A. SEIZURES AND EPILEPSY

1. Cluster headache is characterized by all, except: (AI 2005)
- Affects predominantly females
 - Unilateral headache
 - Onset typically in 20-50 years of life
 - Associated with conjunctival congestion

Ref: Harrison's 18/e p122, 17/e p101

2. A female has episodic, recurrent headache in left hemicranium with nausea and parasthesia on right upper and lower limbs is most probably suffering from:
- Migraine (AIIMS June 2000)
 - Glossopharyngeal neuralgia
 - Herpes zoster infection of trigeminal Nerve
 - Brain tumour

Ref: Harrison's 18/e p114,115, 17/e p96, 97

3. A female aged 30, presents with episodic throbbing headache for past 4 yrs. It usually involves one half of the face and is associated with nausea and vomiting. There is no aura. Most likely diagnosis is: (AI 2001)
- Migraine
 - Cluster headache
 - Angle closure glaucoma
 - Temporal arteritis

Ref: Harrison's 18/e p114,115, 17/e p96,97

4. A woman complains of headache associated with paresthesias of the right upper and lower limb, likely diagnosis is: (AI 2001)
- Trigeminal neuralgia
 - Glossopharyngeal neuralgia
 - Migraine
 - Cluster headache

Ref: Harrison's 18/e p114, 17/e p96, 97

5. Ophthalmoplegic migraine means: (AIIMS May 03)
- When headache is followed by complete paralysis of the IIIrd and VI nerve on the same side as the hemicrania.
 - When the headache is followed by partial paralysis of the IIIrd nerve on the same side as the hemicrania with out any scotoma.
 - Headache associated with IIIrd, IVth and VIth nerve paralysis.
 - Headache associated with optic neuritis

Ref: Parson 19/e p147, 18/e p269

6. A woman has bilateral headache that worsens with emotional stress; she has two children, both doing badly in school; diagnosis is: (AI 2001)
- Migraine
 - Cluster headache
 - Tension headache
 - Trigeminal neuralgia

Ref: Harrison's 18/e p121,122, 17/e p100,101

7. A 64 year old lady Kamla complains of severe unilateral headache on the right side and blindness for 2 days. On examination there is a thick cord like structure on the lateral side of the head. The ESR is 80 mm/hr in the first hour. The most likely diagnosis is: (AIIMS May 01)

- Temporal arteritis
- Migraine
- Cluster headache
- Sinusitis

Ref: Harrison's 18/e p114, 17/e p96

8. A young girl presents with repeated episodes of throbbing occipital headache associated with ataxia and vertigo. The family history is positive for similar headaches in her mother. Most likely diagnosis is: (AI 2011)

- Vestibular neuronitis
- Basilar migraine
- Cluster headache
- Tension headache

Ref: 'Current Diagnosis and Treatment in Neurology' (LANGE) 1st/66; Pediatric ENT (Springer, 2008) /473; 'Vertigo and Disequilibrium: A practical guide to diagnosis and management' by Weber (Thieme); 'Handbook of Headache (Lippincott- Williams)' 2nd/214

9. All of the following statements about treatment of migraine are true, except: (DNB 2012)

- Naratriptan has slower onset and longer t_{1/2} than sumatriptan
- Rizatriptan is more efficacious than sumatriptan
- Sumatriptan is a selective 5-HT 1B/1D agonist
- Sumatriptan is used for chronic migraine

Ref: Harrison 18/e p118, 119

10. All of the following agents are used for prophylaxis of migraine, except: (AI 2010)

- Propanalol
- Valproate
- Topiramate
- Ethosuxamide

Ref: Harrison's 18/e p121, 17/e p102

11. Absence seizures are characterized on EEG by: (AI 2003)

- 3 Hz spike and wave
- 1-2 Hz spike and wave
- Generalized poly spikes
- Hypsarhythmia

Ref: Harrison's 18/e p3252

12. A child presents with short episodes of vacant stare several times a day. The vacant episode begins abruptly and the child remains unresponsive during the episode. There is no associated history of aura or postictal confusion and the child is otherwise normal: (AI 2010)

- The likely diagnosis is
- Grandmal seizures
 - Absence seizures
 - Complex partial seizures
 - Day dreaming

Ref: Harrison's 18/e p3252

Ans.	1. a. Affects...	2. a. Migraine	3. a. Migraine	4. c. Migraine
	5. b. When the...	6. c. Tension headache	7. a. Temporal arteritis	8. b. Basilar migraine
	9. d. Sumatriptan...	10. d. Ethosuxamide	11. a. 3 Hz spike & wave	12. b. Absence seizures

13. All of the following are features of absence seizures except: (AIIMS May 05)
 a. Usually seen in childhood
 b. 3-Hz spike wave in EEG
 c. Postictal confusion
 d. Precipitation by hyperventilation
Ref: Harrison's 18/e p3254
14. All of the following are features of juvenile myoclonic epilepsy, except: (AIIMS May 04)
 a. Myoclonus on awakening
 b. Generalized tonic-clonic seizures
 c. Automatism
 d. Absence seizures *Ref: Harrison's 18/e p3253, 17/e p2500*
15. All of the following are true about Juvenile myoclonic epilepsy, except: (PGI Dec 03)
 a. Focal seizures
 b. Generalized seizures
 c. Myoclonus
 d. Responses to sodium valproate
 e. Spike and waves in EEG
Ref: Harrison's 18/e p3253
16. Which of the following drugs is not used in Juvenile Myoclonic Epilepsy (JME): (AI 2010)
 a. Topiramate
 b. Zonisamide
 c. Carbamazepine
 d. Valproate *Ref: Harrison's 18/e p3262 Table 369.8*
17. The term post traumatic epilepsy refers to seizures occurring
 a. Within moments of head injury. (AIIMS Nov 02)
 b. Within 7 days of head injury.
 c. Within several weeks to months after head injury.
 d. Many years after head injury
Ref: Textbook of Traumatic Brain Injury (2008)/309; Brain Injury Medicine (2006)/306
18. Commonest type of seizure in newborn: (AI 08)
 a. Clonic
 b. Tonic
 c. Subtle
 d. Myoclonic *Ref: Harrison's 18/e p3256*
19. All of the following factors are associated with a substantially greater risk of developing epilepsy after febrile seizures, except: (AI 2010)
 a. Complex febrile seizures
 b. Early age of onset
 c. Developmental abnormalities
 d. Positive family history of epilepsy
Ref: Harrison's 18/e p3256
20. All of the following drugs are used for managing status epilepticus except: (AIIMS May 06), (AIIMS Nov 04)
 a. Phenytoin
 b. Diazepam
 c. Thiopentone sodium
 d. Carbamazepine
Ref: Harrison's 18/e p3262, 17/e p2511
21. Ethosuxamide is the drug of choice for: (AI 2010)
 a. Generalized tonic clonic seizures
 b. Complex partial seizures
 c. Absence seizures
 d. Myoclonic seizures
Ref: Harrison's 18/e p3262, 17/e p2507,2508,2509]
22. The drug of choice for absence seizure: (AIIMS Nov 06)
 a. Valproate
 b. Gabapentin
 c. Carbamazepine
 d. Phenytoin *Ref: Harrison's 18/e p3262, 17/e p2507*
23. Generalized tonic clonic status epilepticus, Rx of choice: (PGI Dec 03)
 a. Ethosuxamide
 b. Sodium valproate
 c. Lamotrigene
 d. Lorazepam
 e. Vigabatrin *Ref: Harrison's 18/e p3262, 17/e p2507*
24. A 15 year old boy with epilepsy on treatment with combination of valproate and phenytoin has good control of seizures. Levels of both drugs are in the therapeutic range. All of the following adverse effects can be attributed to valproate except: (AI 2004)
 a. Weight gain of 5 kg
 b. Serum alanine aminotransaminase 150 IU/L
 c. Rise in serum ammonia level by 20µg/dL
 d. Lymphadenopathy
Ref: Harrison's 18/e p3263 Table 369.9, 17/e p2508table
25. All of the following are true about delirium tremens, except: (AI 2011)
 a. Visual Hallucinations
 b. Tremors
 c. Ophthalmoplegia
 d. Clouding of consciousness
Ref: Harrison's 17th/2278; Lecture Notes in Neurology (Blackwell) 8th/162; Current Diagnosis and Treatment in Neurology 1st/516, 517; 'Clinical Neuropsychology of Alcoholism' (1994)/39; Other References;

B. HEADACHE/CEREBROVASCULAR DISORDERS

26. Cerebral Ischemia occurs when cerebral blood flow is less than: (AI 2012)
 a. 10 ml/100g/minute
 b. 20 ml/100g/minute
 c. 40 ml/100g/minute
 d. 50 ml/100g/minute *Ref: Harrison's 18/e p3271*
27. The most common location of hypertensive intracranial hemorrhage is: (AI 2006)
 a. Subarachnoid space
 b. Basal ganglia
 c. Cerebellum
 d. Brainstem
Ref: Harrison's 18/e p3270, 3294, 17/e p2531, 2532

Ans.	13. c. Postictal confusion	14. c. Automatism	15. a and c	16. c. Carbamazepine
	17. c. Within ...	18. c. Subtle	19. b. Early age of onset...	20. d. Carbamazepine
	21. c. Absence seizures...	22. a. Valproate	23. d. Lorazepam	24. d. Lymphadenopathy
	25. c. Ophthalmoplegia	26. b. 20 ml/100g/minute	27. b. Basal ganglia	

28. Which of the following is the most common location of hypertensive hemorrhage? (AI 1994, 2003)
 - a. Pons
 - b. Thalamus
 - c. Putamen/external capsule
 - d. Subcortical white matter*Ref: Harrison's 18/e p3294, 17/e/p2531,2532*
29. The most common site for hypertensive bleed is? (DNB Dec 2010)
 - a. Pons
 - b. Putamen
 - c. Frontal lobe
 - d. Thalamus*Ref: Harrison's 18/e p3294, 17/e/p2531,2532*
30. Which of the following is the most common location of hypertensive hemorrhage? (AIIMS Nov 02)
 - a. Pons
 - b. Thalamus
 - c. Putamen/external capsule
 - d. Cerebellum*Ref: Harrison's 18/e p3294, 17/e p2531,2532*
31. The most common location of hypertensive intracranial hemorrhage is: (AI 2006)
 - a. Subarachnoid space
 - b. Basal ganglia
 - c. Cerebellum
 - d. Brainstem*Ref: Repeat; 17/e/p2531, 2532; 18/e/p3294*
32. The most common intracranial site of hypertensive haemorrhage is: (AIIMS May 07)
 - a. Basal ganglia
 - b. Brainstem
 - c. Cerebellum
 - d. Hippocampus
33. Berry aneurysm is caused by: (AIIMS May 2011)
 - a. Degeneration of internal elastic lamina
 - b. Degeneration of tunica media
 - c. Degeneration of muscular layer
 - d. Degeneration of external elastic lamina*Ref: Harrison's 18/e p2262, 17/e p1727*
34. A patient known to have mitral stenosis and atrial fibrillation presents with acute onset of weakness in the left upper limb which recovered completely in two weeks. The most likely diagnosis is: (AI 2010)
 - a. Transient ischemic attack
 - b. Ischemic stroke
 - c. Hemorrhagic stroke
 - d. Vasculitis*Ref: Harrison's 18/e p3274, 17/e p2516*
35. 'Duret Hemorrhages' are seen in: (AIIMS May 08)
 - a. Brain
 - b. Kidney
 - c. Heart
 - d. Lung*Ref: 'Handbook of Clinical Neurology' by Young (Elsevier) /85; 'Fundamentals of Diagnostic Radiology' by Brant and Helms 3rd/73; 'Vascular Neurology: Questions and Answers' (2008) /Q 479 p-266*
36. A 45 years old hypertensive male presented with sudden onset severe headache, vomiting and neck stiffness. On examination he didn't have any focal neurological deficit. His CT scan showed blood in the Sylvian fissure. The probable diagnosis is: (AIIMS May 03)
 - a. Meningitis
 - b. Ruptured aneurysm
 - c. Hypertensive bleed.
 - d. Stroke*Ref: Harrison's 18/e p3296, 17/e p1727*
37. All of the following are true about anterior choroidal artery syndrome except: (AI 2011)
 - a. Hemiparesis
 - b. Hemisensory loss
 - c. Homonymous Hemianopia
 - d. Involvement of anterior limb of internal capsule*Ref: Harrison's 18/e p3285, 17/e p2524*
38. Which of the following is not a usual feature of right middle cerebral artery territory infarct: (AIIMS Nov 02) (AIIMS May 03)
 - a. Aphasia.
 - b. Hemiparesis.
 - c. Facial weakness.
 - d. Dysarthria.*Ref: Harrison's 18/e p3284, 17/e p2523, 2524*
39. Which of the following sites is not involved in a posterior cerebral artery infarct: (AI 2011)
 - a. Midbrain
 - b. Thalamus
 - c. Temporal lobe
 - d. Anterior Cortex*Ref: Harrison's 18/e p3286, 3287, 17/e p2525*
40. A hypertensive individual had a sudden headache and became unconscious within a few minutes. On regaining consciousness, there was complete flaccid hemiplegia with no involvement of upper face, absence of tendon reflexes and a positive Babinski sign. Which one of the following arteries could have ruptured: (AIIMS Nov 03)
 - a. Lateral striate branch of middle cerebral
 - b. Medial striate branch of anterior cerebral
 - c. Posterolateral branch from posterior cerebral
 - d. Posterior choroidal branch of posterior cerebral*Ref: Harrison's 18/e p3294, 17/e p2532*
41. Lacunar infarcts are caused by: (AI 2001)
 - a. Lipohyalinosis of penetrating arteries
 - b. Middle carotid artery involvement
 - c. Emboli to anterior circulation
 - d. None of the above*Ref: Harrison's 18/e p3276, 17/e p2519*
42. Which is true about carotid stenosis: (PGI June 2000)
 - a. Ipsilateral hemiplegia by embolism of MCA
 - b. Bruit indicates severity of stenosis
 - c. Common in external carotid artery
 - d. Aspirin reduces risk of TIA*Ref: Harrison's 18/e p3283, 17/e p2517, 2520, 2523*

Ans.	28. c. Putamen/external...	29. b. Putamen	30. c. Putamen/external...	31. b. Basal ganglia
	32. a. Basal ganglia	33. a. Degeneration of...	34. b. Ischemic stroke	35. a. Brain
	36. b. Ruptured...	37. d. Involvement...	38. a. Aphasia	39. d. Anterior Cortex...
	40. a. Lateral striate...	41. a. Lipohyalinosis...	42. d. Aspirin reduces ...	

43. Investigation of choice for screening of proximal internal carotid artery stenosis is: (AIIMS June 2000)
 a. Doppler flow USG
 b. CT subtraction angiography
 c. MRI
 d. Angiography (DSA) *Ref: Harrison's 18/e p3276*
44. Lesion of posterior inferior cerebellar artery at brain involves/affects: (PGI Dec 03)
 a. Spinal tract of trigeminal nerve
 b. Tractus Solitarius
 c. Spinothalamic tract
 d. Corticospinal tract *Ref: Harrison's 18/e p3288, 17/e p2383*
45. Abdul Khan presents with pain, numbness and impaired sensation over half of the face along with ataxia, nystagmus, dysphagia and hoarseness of voice. His pain and thermal sensations over opposite half are impaired. Horner's syndrome is present. Likely cause of the disease is thrombosis of which vessel? (AIIMS Nov 01)
 a. AICA (Anterior inferior cerebellar artery)
 b. PICA (Posterior inferior cerebellar artery)
 c. Basilar
 d. Pontine vessels *Ref: Harrison's 18/e p3288, 17/e p2526*
46. Clinical features of medial medullary syndrome (select two options):
 a. Ipsilateral numbness of arm, trunk (PGI June 05)
 b. Horner's syndrome
 c. Ipsilateral 12th nerve palsy
 d. Contralateral pyramidal tract sign
Ref: Harrison's 18/e p3288, 17/e p2383
47. Which of the following is a features of Medial Medullary Syndrome, except: (PGI June 07)
 a. Ipsilateral numbness of face and trunk
 b. Horner's syndrome
 c. Ipsilateral ataxia
 d. Contralateral paralysis
Ref: Harrison's 18/e p3288, 17/e p2383
48. All of the following are true about Weber's syndrome, except: (DNB 09, 12)
 a. Ipsilateral oculomotor nerve palsy
 b. Diplopia
 c. Contralateral hemiplegia
 d. Ipsilateral facial nerve palsy *Ref: Harrison's 18/e p3287*
49. Benedict's syndrome, all are true except: (AI 2007)
 a. Contralateral tremor
 b. 3rd nerve palsy
 c. Involvement of the penetrating branch of the basilar artery
 d. Lesion at the level of the pons
Ref: Harrison's 18/e p238, 17/e p193
50. Millard Gubler syndrome includes the following except: (AI 2007)
 a. 5th nerve palsy
 b. 6th nerve palsy
 c. 7th nerve palsy
 d. Contralateral hemiparesis
Ref: Harrison's 18/e p239, 17/e p193
51. Pontine Stroke is associated with all except: (AI 2007)
 a. Bilateral pin point pupil
 b. Pyrexia
 c. Vagal palsy
 d. Quadriparesis
Ref: Harrison 16/e 1630, 239; Harrison's 18/e p3290, 3291, 3292, 17/e p2528, 2529, 2530;
52. The only thrombolytic agent approved for the treatment of acute ischemic stroke is: (AIIMS May 04, Nov 03)
 a. Tissue plasminogen activator
 b. Streptokinase
 c. Urokinase
 d. Pro-urokinase *Ref: Harrison's 18/e p3272, 17/e p2515*
53. Which one of the following agents has been associated with hemorrhagic stroke? (AI 2006)
 a. Phenylpropanolamine
 b. Terfenadine
 c. Quinidine
 d. Fenfluramine *Ref: KDT 5th/115*
54. Which of the following is not involved in Wernicke's Korsakoff psychosis: (AI 2012)
 a. Mamillary body
 b. Thalamus
 c. Periventricular Grey matter
 d. Hippocampus *Ref: Harrison's 18/e p2260*
55. Which of the following sites is responsible for the amnesic defect in Wernicke's Korsakoff syndrome: (AI 2012)
 a. Mamillary body
 b. Thalamus
 c. Periventricular Grey matter
 d. Hippocampus *Ref: Harrison's 18/e p2260*

C. DISORDERS OF SPINAL CORD

56. Fasciculation is seen in: (PGI Dec 03)
 a. UMN type of lesion
 b. LMN type of lesions
 c. Myoneural junction
 d. Peripheral neuropathy
Ref: Harrison's 18/e p182, 17/e p148
57. Bulbar paralysis refers to: (PGI Dec 03)
 a. LMN lesion
 b. UMN lesion
 c. Paralysis of cranial nerve IX to XII
 d. Paralysis of cranial nerve III to XII
Ref: Harrison's 18/e p182
58. Which of the following represents the site of lesion in motor neuron disease: (AI 2010)
 a. Anterior horn cells
 b. Peripheral nerve
 c. Spinothalamic tract
 d. Spinocerebellar tract
Ref: Harrison's 18/e p182, 17/e p148, 2572, 2573

Ans.	43. a. Doppler flow USG	44. a, b and c	45. b. PICA...	46. b and c
	47. d. Contralateral...	48. d. Ipsilateral facial...	49. d. Lesion at ...	50. a. 5th nerve palsy
	51. c. Vagal palsy	52. a. Tissue...	53. a. Phenylpropanolamine	54. d. Hippocampus
	55. b. Thalamus	56. b. LMN type ...	57. a. LMN lesion ...	58. a. Anterior Horn...

59. Amyotrophic lateral sclerosis involve: (PGI June 03)

- Anterior horn cell
- Posterior horn cell
- Dorsal root ganglia
- Ventral root ganglia
- Myoneural junction

Ref: Harrison's 18/e p3345, 17/e p2572

60. A middle aged man presents with progressive atrophy and weakness of hands and forearms. On examination he is found to have slight spasticity of the legs, generalized hyper-reflexia and increased signal in the cortico-spinal tracts on T2 weighted MRI. The most likely diagnosis is:

- Multiple sclerosis (AIIMS Nov 04)
- Amyotrophic lateral sclerosis
- Subacute combined degeneration
- Progressive spinal muscular atrophy

Ref: Harrison's 18/e p3345

61. Which of the following sensations are transmitted by the Dorsal Tract/Posterior column: (AI 2008)

- Fine touch
- Pain
- Temperature
- All of the above

Ref: Harrison's 18/e p3238

62. Which of the following is not affected by a lesion in posterior column of spinal cord: (PGI Jun 05, 07)

- Romberg's sign
- Temperature sense
- Vibration sense
- Ataxia

Ref: Harrison's 18/e p3238

63. A ventrolateral cordotomy is performed to produce relief of pain from the right leg. It is effective because it interrupts the:

- Left Dorsal Column
- Left Lateral Spinothalamic tract
- Right Lateral Spinothalamic tract
- Right Corticospinal tract

(AI 2012)

Ref: Ganong 23/e p179 (Q1); 'Bonica's Management of Pain' 4/e pChapter 'Neurosurgical Operations on the Spinal Cord'

64. All of the following are true about Brown Sequard Syndrome, except: (AIIMS Nov 2011)

- Ipsilateral Pyramidal Tract Features
- Contralateral Spinothalamic Tract Features
- Contralateral Posterior Column Features
- Ipsilateral Plantar Extensor

Ref: Harrison's 18/e p3367

65. The following are components of Brown Sequard syndrome except: (AI 2007)

- Ipsilateral extensor plantar response
- Ipsilateral pyramidal tract involvement
- Contralateral spinothalamic tract involvement
- Contralateral posterior column involvement

Ref: Harrison's 18/e p191, 3367, 17/e p157, 2589

66. Which of the following statements about Brown Sequard Syndrome is true: (PGI 2009)

- Ipsilateral loss of temperature
- Contralateral loss of pain
- Contralateral loss of vibration
- Bilateral segmental signs

Ref: Harrison's 18/e p3367, 17/e p2589

67. Which of the following is not a feature of extramedullary tumour: (AI 2008)

- Early corticospinal signs and paralysis
- Root pain or midline back pain
- Abnormal CSF
- Sacral sparing

Ref: Harrison's 18/e p3367, 17/e p2589, 2590

68. Clinical features of conus medullaris syndrome include all of the following except: (AI 2008)

- Plantar extensor response
- Absent knee and ankle jerks
- Sacral anesthesia
- Lower sacral and coccygeal involvement

Ref: Harrison's 18/e p3367

69. Clinical Features of conus medullaris syndrome include all of the following except: (DNB 2012)

- Extensor plantar Reflex
- Saddle anesthesia
- Late bladder involvement
- Bilateral and usually symmetric sensory loss

Ref: Harrison's 18/e p3367

70. Early loss of bladder control is seen in: (DNB 2012)

- Conus medullaris syndrome
- Cauda equina syndrome
- Gullain barre syndrome
- Amyotrophic Lateral Sclerosis

Ref: Harrison's 18/e p3367

71. Hypotension in acute spinal cord injury is due to:

- Loss of sympathetic tone (AIIMS Nov 06)
- Loss of parasympathetic tone
- Vasovagal attack
- Orthostatic hypotension

Ref: Harrison's 18/e p3366, 17/e p2588, 2589

72. Spinal shock is characterized by (select three best options): (PGI June 03)

- Spasticity
- Wasting
- Sensory loss
- Urinary retention
- Areflexia

Ref: Harrison's 18/e p3366-3367

73. Spinal shock is characterized by all of the following, except: (PGI 09)

- Spastic paralysis
- Flaccid paralysis
- Urinary Bladder involvement
- Areflexia
- Sensory loss

Ref: Harrison's 18/e p3366-3367

Ans.	59. a. Anterior Horn...	60. b. Amyotrophic lateral...	61. a. Fine touch]	62. b. Temperature sense
	63. b. Left Lateral ...	64. c. Contralateral.	65. d. Contralateral...	66. b. Contralateral...
	67. d. Sacral sparing	68. b. Absent knee...	69. c. Late Bladder...	70. a. Conus...
	71. a. Loss of...	72. c, d and e	73. a. Spastic paralysis	

74. Which of the following signs is not suggestive of a cervical spinal cord injury: (AIIMS Nov. 05)
 a. Flaccidity
 b. Increased rectal sphincter tone
 c. Diaphragmatic breathing
 d. Priapism *Ref: Harrison's 18/e p3367*
75. Spastic paraplegia is caused by all, except: (AI 2009)
 a. Vitamin B12 deficiency
 b. Cervical spondylosis
 c. Lead poisoning
 d. Motor neuron disease *Ref: Neurology by Anish Bahra/68; Oxford Handbook of tropical Medicine 2nd/436*
76. Causes of Acute Flaccid Paralysis include: (PGI June 08)
 a. Poliomyelitis
 b. Tick paralysis
 c. AIDP (Acute inflammatory demyelinating polyneuropathy)
 d. ADEM (Acute disseminated encephalomyelitis)
 e. All of the above
77. A patient involved in a road traffic accident presents with quadriparesis, sphincter disturbance, sensory level up to the upper border of sternum and a respiratory rate of 35/minute. The likely level of lesion is: (AI 2010)
 a. C1-C2
 b. C4-C5
 c. T1-T2
 d. T3-T4 *Ref: Harrison's 18/e p3367, 17/e p2588*
78. A patient with traumatic paraplegia due to injury of the thoracic cord of 'T3 level' is observed to have a blood pressure of 210/. What should be the initial management?
 a. Subcutaneous LMWH (AI 2012)
 b. Steroids
 c. Nifedipine
 d. Normal saline/dextrose
Ref: Disease of kidney and Urinary Tract/1416; Medical Management of Adults with Neurological Diabetes/11; Spine and Spinal Cord Trauma: Evidence Based Management Chapter 46
79. Beevor's sign is seen in: (AIIMS May 09)
 a. Abdominal muscle
 b. Facial muscle
 c. Respiratory muscle
 d. Hand muscle *Ref: Harrison's 18/e p3367, 17/e p2589*
80. Beevor's sign indicates a lesion in the: (PGI 05)
 a. Thoracic cord
 b. Cervical cord
 c. Cauda Equina
 d. Conus Medullaris *Ref: Harrison's 18/e p3367*
81. Anterior spinal artery thrombosis is characterized by all, except: (PGI Dec 2000)
 a. Loss of pain and touch
 b. Loss of vibration sense
 c. Loss of power in lower limb
 d. Sphincter dysfunction *Ref: Harrison's 18/e p3367*
82. A 12-year-old boy presents to the outpatient department with history of progressively increasing difficulty in walking and frequent falls. Physical examination reveals an ataxic gait and nystagmus. All deep tendon reflexes were observed to be absent while the plantar response was 'extensor'. What is the most likely diagnosis? (AI 2012)
 a. Friedreich's ataxia
 b. Subacute combined degeneration of cord (SACD)
 c. Becker's muscular dystrophy
 d. Tabes dorsalis *Ref: Harrison's 18/e p3338, 17/e p2510, 2570*
83. Pyramidal tract involvement with absent ankle jerk is seen in: (AIIMS May 01)
 a. Friedrich's
 b. Subacute combined degeneration of the spinal cord
 c. Lathyrism
 d. Tabes dorsalis *Ref: Harrison's 18/e p3343, 17/e p2570*
84. Vitamin B12 deficiency can give rise to all of the following, except: (AI 2005)
 a. Myelopathy.
 b. Optic atrophy.
 c. Peripheral neuropathy.
 d. Myopathy. *Ref: Harrison's 18/e p3374, 17/e p2595*
85. Subacute combined degeneration of cord is caused due to deficiency of? (DNB June 2012)
 a. Vitamin B₁
 b. Vitamin B₅
 c. Vitamin B₆
 d. Vitamin B₁₂ *Ref: Harrison's 18/e p3374*
86. Subacute combined degeneration due to Vit B12 deficiency mainly involves: (PGI Dec 03)
 a. Peripheral nerve
 b. Corticospinal tract
 c. Posterior column
 d. Spinocerebellar tract
 e. Spinohthalamic tract *Ref: Harrison's 18/e p3374, 17/e p2595*
87. Features of syringomyelia include all of the following, except: (PGI 09)
 a. Dissociative sensory loss
 b. Bilateral involvement
 c. Segmental sensory loss
 d. Wasting of small muscles of hand
 e. Ascending weakness *Ref: Harrison's 18/e p3374*
88. Lesions of the lateral cerebellum cause all of the following, except: (AI 2010)
 a. Incoordination
 b. Intention tremor
 c. Resting tremor
 d. Ataxia *Ref: Harrison's 18/e p193*

Ans.	74. b. Increased...	75. c. Lead poisoning	76. e. All of the above	77. b. C4-C5
	78. c. Nifedipine	79. a. Abdominal muscle...	80. a. Thoracic cord	81. b. Loss of vibration...
	82. a. Friedreich's Ataxia	83. a. Friedreich's Ataxia	84. d. Myopathy	85. d. Vitamin B ₁₂
	86. b and c	87. e. Ascending...	88. c. Resting tremor	

89. **Dysmetria is due to lesion of:** (DNB June 2010)
 a. Midbrain
 b. Pons
 c. Medulla
 d. Cerebellum

Ref: Dejong's Neurological Examination 7/e p621; Guyton 10/e p655, 656

90. **Lesion in which of the following structure leads to Kluver-Bucy syndrome:** (AIIMS May 04)
 a. Amygdala
 b. Hippocampus
 c. Hypothalamus
 d. Temporal lobe

Ref: Guyton 10/e p687

D. DEMENTIAS AND EXTRAPYRAMIDAL DISORDERS

91. **All of the following cause subcortical dementia, except:** (AIIMS May 09)
 a. Alzheimer's disease
 b. Parkinsonism
 c. HIV encephalopathy
 d. Progressive supranuclear palsy

Ref: Harrison's 18/e p3305

92. **Which of the following is predominantly involved in Alzheimer's dementia:** (AIIMS May 08)
 a. Frontal cortex
 b. Temporo-parietal cortex
 c. Fronto-parietal cortex
 d. Fronto-temporal cortex

Ref: Harrison's 18/e p3305

93. **A chromosomal anomaly associated with Alzheimer's dementia is:** (AI 2001)
 a. Trisomy 18
 b. Patau syndrome
 c. Trisomy 21
 d. Turners syndrome

Ref: Harrison's 18/e p3307, 17/e p2541, 2542

94. **Which of the following is the most important neurotransmitter deficient in the cortex of patients with Alzheimer's Disease:** (DNB 2012)
 a. Acetylcholine
 b. Serotonin
 c. Dopamine
 d. Noradrenaline

Ref: Harrison's 18/e p3306

95. **Which of the following is not seen in early onset Alzheimer's Disease:** (AIIMS Nov 2011)
 a. Aphasia
 b. Apraxia
 c. Acalculia
 d. Agnosia

Ref: Harrison's 18/e p3305

96. **Which of the following statements about the pathology in Alzheimer's disease is not true:** (AIIMS Nov 2011)
 a. Neuritic plaques are formed of amyloid protein
 b. Neurofibrillary tangles (NFT) are made of tau protein

- c. NFTs appear extracellularly before intracellular appearance
 d. Number of NFTs correlates with dementia

Ref: Harrison's 18/e p3306, 17/e p2541

97. **Which of the following areas of brain is most resistant to Neurofibrillary tangles in Alzheimer's disease:** (AI 2012)
 a. Entorhinal cortex
 b. Hippocampus/temporal lobe
 c. Lateral geniculate body
 d. Visual association area

Ref: Harrison's 18/e p3306

98. **The following is not a feature of Alzheimer's disease:** (AI 2004)
 a. Neurofibrillary tangles
 b. Senile (neuritic) plaques
 c. Amyloid angiopathy
 d. Lewy bodies

Ref: Harrison's 18/e p3306, 17/e p2540, 2541, 2542

99. **An 80 year old female presents with progressive loss of memory, difficulty in recalling names, difficulty in speech and inability to perform desired tasks. Which of the following pathological features is likely to be found along with neurofibrillary tangles:** (AIIMS May 09)
 a. Beta amyloid
 b. Lewy bodies
 c. Ceramidase
 d. Pick's bodies

Ref: Harrison's 18/e p3305, 3306, 17/e p2540, 2541

100. **Which of the following metal ions is associated with Secondary Parkinsonisms:** (DNB June 2012)
 a. Manganese (Mn)
 b. Magnesium (Mg)
 c. Selenium (Se)
 d. Molybdenum (Mo)

Ref: Harrison's 18/e p3318; Table 372-2

101. **Dinesh, a 56 yr aged man presents with complaints of slowness of movements, postural instability, tremors, rigidity and memory loss. Most likely diagnosis is:** (AI 2001)
 a. Multi-infarct dementia
 b. Alzheimer's disease
 c. Parkinsonism
 d. None of the above

Ref: Harrison's 18/e p3317, 17/e p2550

102. **Transcranial Magnetic Stimulation of which part of the brain has been shown to reduce frequency of symptoms in Parkinsonism:** (AI 2012)
 a. Striatum
 b. Globus pallidus externus
 c. Subthalamic nucleus
 d. Putamen

Ref: Harrison's 18/e p3325

103. **Which of the following is the most commonly used site for Transcranial Magnetic Stimulation to reduce frequency of Parkinsonism symptoms:** (AI 2012)
 a. Striatum
 b. Globus pallidus
 c. Subthalamic nucleus
 d. Putamen

Ref: Harrison's 18/e p3325

Ans.	89. d. Cerebellum...	90. a. Amygdala...	91. a. Alzheimer's disease	92. b. Temporo...
	93. c. Trisomy 21...	94. a. Acetylcholine	95. d. Agnosia	96. c. NFTs...
	97. c. Lateral...	98. d. Lewy bodies	99. a. Beta amyloid	100. a. Manganese (Mn)
	101. c. Parkinsonism	102. c. Subthalamic	103. c. Subthalamic nucleus	

104. Huntington's disease is due to the loss of: (AIIMS May 04)

- a. Nigrostriatal dopaminergic neurons
- b. Intrastratial cholinergic neurons
- c. Intrastratial GABAergic neurons
- d. Intrastratial cholinergic and GABAergic neurons

Ref: Harrison's 18/e p3330, 17/e p2561, 2562

105. All are true about Huntington's disease except: (AI 2001)

- a. Chorea
- b. Behavioral disturbance
- c. Early onset of memory loss
- d. Cog-wheel rigidity.

Ref: Harrison's 18/e p3330, 17/e p2561, 2562

106. A patient presents with ataxia, urinary incontinence and dementia. The likely diagnosis is: (AI 2010)

- a. Alzheimer's disease
- b. Parkinson's disease
- c. Steel richardson syndrome
- d. Normal pressure hydrocephalus

Ref: Harrison's 18/e p3313, 17/e p25462

107. An elderly man presents with features of dementia, ataxia, difficulty in downward gaze and a history of frequent falls. Likely diagnosis is: (AI 2001) (AIIMS May 01)

- a. Parkinsons disease
- b. Progressive supranuclear gaze palsy
- c. Alzheimers disease
- d. None of the above.

Ref: Harrison's 18/e p3311, 17/e p2559

108. A 76 year old male comes with a history of frequent falls and difficulty in looking downwards and laterally. The diagnosis is: (AIIMS May 01)

- a. Alzheimer's disease
- b. Supranuclear palsy
- c. Amyotropic lateral sclerosis
- d. Oculomotor nerve palsy

Ref: Harrison's 18/e p3311, 17/e p2561, 2562

109. A 45-year-old man presents with history of frequent falls. He has difficulty in looking down also. What is the most probable diagnosis: (AIIMS Nov 2000)

- a. Normal pressure hydrocephalus
- b. Parkinson's disease
- c. Alzheimer's disease
- d. Progressive supranuclear palsy

Ref: Harrison's 18/e p3311, 17/e p2529

110. Which of the following is a cause of reversible dementia?

- a. Subacute combined degeneration. (AI 2005)
- b. Picks disease.
- c. Creutzfeldt – Jakob disease.
- d. Alzheimer's disease.

Ref: Harrison's 18/e p3302 (Table: 371.3), 17/e p2538 (Table 365-3)

111. A chromosomal anomaly associated with Alzheimer's dementia is: (AI 2001)

- a. Trisomy 18
- b. Patau syndrome

- c. Trisomy 21
- d. Turners syndrome

Ref: Harrison's 18/e p3307, 17/e p2542

E. HEAD INJURIES AND CONCUSSION

112. According to the Glasgow Coma Scale (GCS), a verbal score of 1 indicates: (AI 2005)

- a. No response
- b. Inappropriate words
- c. Incomprehensible sounds
- d. Disoriented response

Ref: Harrison's 18/e p3381

113. Which of the following is not a component of Glasgow Coma Scale? (AI 2006)

- a. Eye opening
- b. Motor response
- c. Pupil size
- d. Verbal response

Ref: Harrison's 18/e p3381

114. A head injured patient, who opens eyes to painful stimulus, is confused and localizes to pain. What is the Glasgow coma score: (AIIMS Nov 05)

- a. 7
- b. 9
- c. 11
- d. 13

Ref: Harrison's 18/e p3381 Table:378.1, 17/e p2601 Table:378.1

115. Total score in Glasgow Coma Scale of a conscious person is: (AI 2006)

- a. 8
- b. 3
- c. 15
- d. 10

Ref: Harrison's 18/e p3381

116. A person with 'Inappropriate speech' evaluated by the 'Glasgow Coma Scale' will have a verbal score of: (AI 2012)

- a. 4
- b. 3
- c. 2
- d. 1

Ref: Harrison's 18/e p3381

117. The cause of systemic secondary insult to injured brain include all of the following except: (AIIMS May' 06)

- a. Hypercapnia
- b. Hypoxaemia
- c. Hypotension
- d. Hypothermia

Ref: Harrison 18/e 2257; Harrison 17th/1722

118. In a patient with head injury damage in the brain is aggravated by: (AI 2010)

- a. Hyperglycemia
- b. Hypothermia
- c. Hypocapnia
- d. Serum osmolality

Ref: Harrison's 18/e p2257, 17/e p1722, 1723

Ans. 104. d. Intrastratial...	105. c. Early onset	106. d. Normal...	107. b. Progressive...
108. b. Supranuclear	109. d. Progressive...	110. a. Subacute	111. c. Trisomy 21
112. a. No response	113. c. Pupil size	114. c. 11	115. c. 15
116. b. 3	117. d. Hypothermia	118. a. Hyperglycemia	

119. **APACHE II score includes:** (PGI June 08)
 a. Age
 b. PaO₂
 c. Chronic medical condition
 d. Respiratory rate
 e. BP
 f. All of the above *Ref: Harrison's 18/e p2197, 17/e p1674*
120. **Best prognostic factor for head injury is:** (AI 2007)
 a. Glasgow coma scale
 b. Age
 c. Mode of injury
 d. CT *Ref: Harrison's 18/e p3381, 17/e p2601*
121. **Subdural haematoma most commonly results from:**
 a. Rupture of intracranial aneurysm (AIIMS May 04)
 b. Rupture of cerebral AVM
 c. Injury to cortical bridging veins
 d. Hemophilia *Ref: Harrison's 18/e p3379*
122. **A 62-year old diabetic female patient presented with history of progressive right-sided weakness of one month duration. The patient was also having speech difficulty. Fundus examination showed papilledema. Two months ago, she also had a fall in her bathroom and struck her head against a wall. The most likely clinical diagnosis is:**
 a. Alzheimer's disease (AIIMS Nov 04)
 b. Left parietal glioma
 c. Left MCA territory stroke
 d. Left chronic subdural haematoma
Ref: Harrison's 18/e p3379
123. **A 24-year-old man falls on the ground when he is struck in the right temple by a baseball. While being driven to the hospital, he lapses into coma. He is unresponsive with the dilated right pupil when he reaches the emergency department. The most important step in initial management is:** (AI 2002)
 a. Craniotomy
 b. CT scan of the head
 c. X-ray of the skull and cervical spine
 d. Doppler ultrasound examination of the neck
Ref: Harrison's 18/e p3379
124. **A patient is brought to the emergency as a case of head injury, following a head on collision road traffic accident. His BP is 90/60 mmHg. Tachycardia is present. Most likely diagnosis is:** (AI 2001)
 a. EDH
 b. SDH
 c. Intracranial hemorrhage
 d. Intra-abdominal bleed
125. **The earliest manifestations of increased intracranial pressure following head injury is:** (AI 2005)
 a. Ipsilateral papillary dilatation
 b. Contralateral papillary dilatation
 c. Altered mental status
 d. Hemiparesis *Ref: Harrison's 18/e p2257, 17/e p1722*
126. **Transtentorial uncal herniation causes all except:**
 a. Ipsilateral dilated pupils (AIIMS May 01)
 b. Ipsilateral hemiplegia
 c. Cheyne stokes respiration
 d. Decorticate rigidity
Ref: Harrison's 18/e p2248, 17/e p1714, 1715
127. **A patient presents with unilateral painful ophthalmoplegia. Imaging revealed an enlargement of cavernous sinus on the affected side. The likely diagnosis is:** (AIIMS May 08)
 a. Gradenigo syndrome
 b. Cavernous sinus thrombosis
 c. Tolosa-Hunt Syndrome
 d. Orbital Pseudotumor
Ref: 'Imaging of the Globe and Orbit: A Guide to Differential Diagnosis' by Norbert Hosten (Thieme) 1998/128
128. **Non-noxious stimuli perceived as pain is termed as:** (AIIMS May 08)
 a. Allodynia
 b. Hyperalgesia
 c. Hyperesthesia
 d. Hyperpathia *Ref: Harrison's 18/e p186-187; 17/e p154,155*
129. **All of the following statements about Diffuse Axonal Injury (DAI) are true except:** (AI 2008)
 a. Caused by shearing force
 b. Predominant white matter haemorrhages, in basal ganglion and corpus callosum
 c. Increased intracranial tension is seen in all cases
 d. Most common at junction of grey and white Matter
Ref: Harrison's 18/e p3377, 17/e p2597
130. **The most important area involved in planning and organizing complex sequential skilled movements is:** (DNB 2012)
 a. Primary motor area
 b. Premotor area
 c. Supplementary motor area
 d. Primary sensory area
Ref: Noback's Human Nervous system 7th/436
131. **Hippocampus lesion affects:** (DNB June 2010)
 a. Implicit memory
 b. Procedural memory
 c. Non-declarative memory
 d. Explicit memory
Ref: Basic Neurochemistry (Academic Press) 2010/965; Psychology: Concepts and Applications (Congate Learning) 2008 (3rd)/234; Practical Neurology (Lippincott Williams) 2012 /37
132. **All of the following statements about Argyll Robertson Pupil are correct, except:** (AI 2011)
 a. Near reflex normal
 b. Direct light reflex absent
 c. Consensual light reflex normal
 d. Visual acuity normal *Ref: Internet*
133. **All of the following clinical findings are seen in Horner's syndrome, except:** (AIIMS May 2011)
 a. Miosis
 b. Anhidrosis
 c. Heterochromia of iris
 d. Apparent exophthalmos
Ref: Localization in Clinical Neurology (Lippincott Williams) 2011/208; Anatomic Basis of Neurological Diagnosis (Thieme) 2009/467

Ans. 119. f. All of the above	120. a. Glasgow coma scale	121. c. Injury to...	122. d. Left chronic ...
123. a. Craniotomy...	124. d. Intra-abdominal bleed	125. c. Altered mental...	126. d. Decorticate...
127. c. Tolosa-Hunt	128. a. Allodynia	129. c. Increased	130. c. Supplementary...
131. d. Explicit memory	132. c. Consensual Light...	133. d. Apparent...	

134. EEG is usually abnormal in all of the following, except:
a. Subacute sclerosing panencephalitis. (AI 2005)

- b. Locked – in state.
c. Creutzfeldt – Jakob disease
d. Hepatic encephalopathy

Ref: Harrison's 18/e p2251-2252, 16/e p1629; Harrison 17/e p1718

135. A symmetric high-voltage, triphasic slow wave pattern is seen on EEG in the following: (AIIMS May 06)

- a. Hepatic encephalopathy
b. Uremic encephalopathy
c. Hypoxic encephalopathy
d. Hypercarbic encephalopathy

Ref: Harrison's 18/e p2601, 17/e p1979

136. Burst suppression pattern on EEG is typically seen in:

- a. Anoxic encephalopathy (DNB 2012)
b. Absence seizures
c. SSPE
d. Herpes simplex encephalitis

Ref: Ultimate Review of Neurology board (Demos Medical publishing) 2011/143;
Clinical Neurophysiology (Oxford) 2009/170;
Practical Guide for Clinical Neurophysiological Testing. EEG' (Lippincott) 2012/232

137. Burst – suppression EEG pattern is seen in all of the following, except? (DNB 2012)

- a. Hypoxic ischemic encephalopathy
b. Phenobarbital administration to lower ICP in traumatic brain injury
c. Severe hypothermia
d. Creutzfeldt Jakob disease

Ref: Ultimate Review of Neurology Boards (Demos medical publishing)
Chapter Neurophysiology Q1 / 123, 143 (Answer); Practical Neurology by Biller / 416; Critical care study Guide (Springer) 2010/162

138. Criteria for brainstem death includes: (AI 2012)

- a. Positive doll's eye reflex
b. Absent pupillary light reflex and dilated pupils
c. Pinpoint pupils
d. Positive vestibulo-ocular reflex

Ref: Harrison's 18/e p2252

139. Which test is not useful in a patient with history of syncopal attack? (AIIMS Nov 06)

- a. Electrophysiological testing
b. Tilt table testing
c. PET Scan
d. Holter monitoring

Ref: Harrison's 18/e p177

140. Which of the following cranial structures are insensitive to pain: (AI 2009)

- a. Dural sheath surrounding vascular sinuses
b. Choroid plexus
c. Falx cerebri
d. Middle meningeal artery

Ref: Harrison's 18/e p113; 17/e p95, Neurological Emergencies 2nd/161

F. DISORDERS OF MUSCLES/MYOPATHIES

141. Myasthenia gravis is associated with: (PGI Dec 01)

- a. Decreased acetylcholine at nerve endings
b. Decreased myosin
c. Absent troponin C
d. Decreased myoneural junction transmission

Ref: Harrison's 18/e p3480, 17/e p2672, 2673

142. A 45-year old woman, presenting with the history of diplopia and dysphagia worsening as the day progresses, can be diagnosed to have: (AIIMS Nov 05)

- a. Thyrotoxicosis
b. Myasthenia gravis
c. Muscular dystrophy
d. Brain tumor

Ref: Harrison's 18/e p3481, 17/e p2673

143. The most sensitive test for the diagnosis of myasthenia gravis is: (AI 2005)

- a. Elevated ACH receptor antibodies (ACHR Antibodies)
b. Repetitive nerve stimulation test (RNS)
c. Positive edrophonium test (Tensilon test)
d. Single fiber electromyography (SFEMG)

Ref: Harrison's 18/e p3481, 17/e p2674

144. A thirty five year old female has proximal weakness of muscles, ptosis and easy fatigability. The most sensitive test to suggest the diagnosis is: (AI 2011)

- a. Muscle Biopsy
b. CPK levels
c. Edrophonium test
d. EMG

Ref: Harrison's 18/e p3481, 17/e p2354

145. Which of the following statements about Lambert Eaton myasthenic syndrome is true: (AI 2009)

- a. Tensilon test is positive
b. Extraocular muscles are most commonly Involved
c. Incremental response to repeated electrical stimulation
d. Associated with adenocarcinoma of lung

Ref: Harrison's 18/e p3482, 17/e p2674

146. Which one of the following is correct regarding Lambert-eaton syndrome: (AIIMS Nov 04)

- a. It commonly affects the ocular muscle
b. Neostigmine is the drug of choice for this syndrome
c. Repeated electrical stimulation enhances muscle power in it.

Ref: Harrison's 18/e p3482, 17/e p2674

147. All of the following may be associated with Thymoma, except: (AI 2010)

- a. SIADH
b. Myasthenia Gravis
c. Hypogammaglobulinemia
d. Cushing's syndrome

Ref: Harrison's 18/e p3480, 3481, 17/e p2060

Ans. 134. b. Locked...	135. a. Hepatic encephalopathy	136. a. Anoxic...	137. d. Creutzfeldt
138. b. Absent pupillary...	139. c. PET Scan	140. b. Choroid Plexus	141. a. Decreased...
142. b. Myasthenia gravis	143. d. Single Fiber	144. c. Edrophonium test	145. c. Incremental ...
146. c. Repeated electrical...	147. a. SIADH		

148. **Thymoma is associated with:** (AI 2000)
 a. Myasthenia gravis
 b. Scleroderma
 c. Oesophageal atresia
 d. Hyper-gammaglobulinemia

Ref: Harrison's 18/e p3480, 3481, 17/e p2673, 2675

149. **Which of the following is not associated with Thymomas:** (AI 2001)
 a. Red cell aplasia
 b. Myasthenia gravis
 c. Hypergammaglobulinemia
 d. Compression of the superior mediastinum

Ref: Harrison's 17th/2060, 626,627,668; Harrison's 16th/1746

150. **Thymoma is associated with:** (AI 2008)
 a. Myasthenia gravis
 b. Hypergammaglobulinemia
 c. SLE
 d. Multiple sclerosis

Ref: Harrison's 18/e p3480, 17/e p2673, 2675

151. **In myasthenia gravis, correct statement regarding thymectomy is:** (AI 2001)
 a. Should be done in all cases
 b. Should be done in cases with ocular involvement only
 c. Not required if controlled by medical management
 d. Should be done only in cases that are associated with thymoma

Ref: Harrison's 18/e p3483, 17/e p2675

152. **Dystrophic gene mutation leads to:** (AIIMS May 03)
 a. Myasthenia gravis
 b. Motor neuron disease
 c. Poliomyelitis
 d. Duchenne muscular dystrophy

Ref: Harrison's 18/e p3492, 17/e p2683

153. **A young adult presents with proximal weakness of upper limbs, features of facial palsy and winging of scapula. The most likely diagnosis is:** (AI 2012)
 a. Facio-scapulo-humeral dystrophy
 b. Limb-girdle dystrophy
 c. Scapuloperoneal dystrophy
 d. Duchenne muscular dystrophy

Ref: Harrison's 18/e p3492 Table 387.6

154. **Duchenne muscular dystrophy is a disease of:** (AI 2004)
 a. Neuromuscular junction
 b. Sarcolemmal proteins
 c. Muscle contractile proteins
 d. Disuse atrophy due to muscle weakness.

Ref: Harrison 15/e p2530; Nelson 17/e p2061; Harrison 16/e p2527; Harrison 17/e p2683 (2684-fig 382-6); Harrison 18/e p3491-3494 (Table: 387.6)

155. **Which of the following is not a limb girdle dystrophy:** (AIIMS Nov 06)
 a. Sarcoglycan dystrophy
 b. Dystrophin dystrophy
 c. Dysferlin dystrophy
 d. Calpain dystrophy

Ref: Harrison's 18/e p3492, 17/e p2682, 2683

156. **All are congenital myopathies except:** (AIIMS Nov 01, May 2011)
 a. Centralcore myopathy
 b. Nemaline myopathy
 c. Z band myopathy
 d. Centronuclear myopathy

Ref: Harrison's 18/e p3499, 17/e p2688

157. **Which of the following antibodies is specific for myositis:** (AIIMS Nov 08)
 a. Anti - Jo-1
 b. Anti - Scl-70
 c. Anti - Sm
 d. Anti- ku

Ref: Harrison's 18/e p3512

158. **Which one of the following clinical findings excludes the diagnosis of polymyositis?** (AI 06)
 a. Neck muscle involvement
 b. Extraocular muscle involvement
 c. Dysphagia
 d. Abdominal muscle involvement

Ref: Harrison's 18/e p3509, 17/e p2696

159. **All of the following are feature of dermatomyositis, except:** (AIIMS Nov 09)
 a. Salmon patch
 b. Gottron's patch
 c. Mechanic finger
 d. Periungual telangiectasias

Ref: Harrison's 18/e p3510, 17/e p2696

G. EPISODIC WEAKNESS AND CHANNELLOPATHIES

160. **Episodic generalized weakness can occur due to all of the following acute electrolyte disturbances, except:** (AIIMS May 06)
 a. Hypokalemia
 b. Hypocalcemia
 c. Hyponatremia
 d. Hypophosphatemia

Ref: Harrison's 18/e p185 Table 22-2, 17/e p150 Table 23-2

161. **Episodic weakness is seen in all of the following, except:** (DNB Dec 2011)
 a. Lambert-eaton syndrome
 b. Hypokalemia
 c. Hypercalcemia
 d. Hyperglycemia

Ref: Harrison's 18/e p185, 17/e p150

162. **All of the following are associated with 'Episodic' weakness, except:** (AI 2012)
 a. Channelopathy
 b. Lambert-eaton syndrome
 c. Hyperphosphatemia
 d. Hyperkalemia

Ref: Harrison's 18/e p185, 17/e p150 Table 23-2

163. **Episodic generalized weakness is associated with all except:** (PGI June 03)
 a. ↓K+
 b. Lambert Eaton syndrome
 c. Myasthenia gravis
 d. Tuberculosis
 e. Multiple sclerosis

Ref: Harrison's 18/e p185, 17/e p150

Ans.	148. a. Myasthenia gravis	149. c. Hyper...	150. a. Myasthenia gravis	151. d. Should be done...
	152. d. Duchenne ...	153. a. Facio-Scapulo	154. b. Sarcolemmal.	155. b. Dystrophin...
	156. c. Z band myopathy	157. a. Anti - Jo-1	158. b. Extraocular...	159. a. Salmon Patch...
	160. b. Hypocalcemia	161. d. Hyperkalemia	162. c. Hyperphosphatemia	163. d. Tuberculosis

164. All of the following are neurologic channelopathies, except: (AIIMS May 04)

- a. Hypokalemic periodic paralysis
- b. Episodic ataxias
- c. Familial hemiplegic migraine
- d. Huntington's disease

Ref: Harrison's 18/e p3225

165. All of the following are neurologic channelopathies except: (AI 2005)

- a. Hypokalemic periodic paralysis
- b. Episodic ataxia type 1
- c. Familial hemiplegic migraine
- d. Spinocerebellar ataxia 1

Ref: Harrison's 18/e p3225, 17/e p2478

H. SUBARACHNOID HAEMORRHAGE

166. The common cause of subarachnoid hemorrhage is:

- a. Arterio-venous malformation (AI 2006)
- b. Cavernous angioma
- c. Aneurysm
- d. Hypertension

Ref: Harrison's 18/e p3294, 3296

167. A patient with suspected subarachnoid haemorrhage presents with blood isolated in the fourth ventricle on a CT scan. Aneurysmal rupture is likely to have resulted from:

- a. Posterior inferior cerebellar artery aneurysm
- b. Anterior communicating artery aneurysm (AI 2012)
- c. Posterior communicating artery aneurysm
- d. Basilar artery tip aneurysm

168. Which of the following is the most common cause of late neurological deterioration in a case of cerebrovascular accident: (AIIMS Nov 2000)

- a. Rebleeding
- b. Vasospasm
- c. Embolism
- d. Hydrocephalus

Ref: Harrison's 18/e p2262, 17/e p1727

169. A 45 years old hypertensive male presented with sudden onset severe headache, vomiting and neck stiffness. On examination he didn't have any focal neurological deficit. His CT scan showed blood in the Sylvian fissure. The probable diagnosis is: (AIIMS May 03)

- a. Meningitis
- b. Ruptured aneurysm
- c. Hypertensive bleed
- d. Stroke

Ref: Harrison's 18/e p2261, 2262 17/e p1726, 1727, 1728, 96

170. A 45 year old male patient presented in the casualty with two hours history of sudden onset of severe headache associated with nausea and vomiting on clinical examination the patient had necks stiffness and right sided ptosis. Rest of the neurological examination was normal. What is the clinical diagnosis: (AIIMS Nov 03)

- a. Hypertensive brain haemorrhage
- b. Migraine

- c. Aneurysmal subarachnoid haemorrhage
- d. Arteriovenous malformation haemorrhage

Ref: Harrison's 18/e p2262, 2263, 17/e p1727

171. A young female presents with severe headache and neck stiffness of abrupt onset. She says, she has never had such severe headache before. She also complains of associated nausea and photophobia. Likely diagnosis is:

- a. Subarachnoid hemorrhage (SAH) (AIIMS May 09)
- b. Migraine
- c. Viral Encephalitis
- d. Hydrocephalus

Ref: Harrison's 18/e p2263, 17/e p1727

172. Sudden excruciating headache is most characteristic of:

- a. SAH (PGI Dec 01)
- b. Aneurysmal bleeding
- c. Epilepsy
- d. Intracerebral hemorrhage
- e. Hysteria

Ref: Harrison's 18/e p2263, 17/e p1726-1728

173. A patient presented with thunder clap headache followed by unconsciousness and progressive III cranial nerve palsy. Which of the following is the most likely diagnosis:

- a. Extradural hemorrhage (AIIMS Nov 2010)
- b. Aneurysmal subarachnoid hemorrhage
- c. Basilar migraine
- d. Cluster headache

I. MENINGITIS

174. Which of the following is not seen in Tubercular meningitis

- a. Low sugar (DNB June 2011)
- b. High protein
- c. Low opening pressure
- d. Lymphocytic pleocytosis

Ref: Chandrasoma Taylor 3rd/ 915

175. Which of the following is the classical CSF finding seen in TBM? (AI 2007)

- a. Increased protein, decreased sugar, increased lymphocytes
- b. Increased protein, sugar and lymphocytes
- c. Decreased protein, increased sugar and lymphocytes
- d. Increased sugar, protein and neutrophils

Ref: Harrison's 18/e p3436, 17/e p2642

176. A 25 years old lady with history of fever for 1 month presents with headache and ataxia. Brain imaging shows dilated ventricles and significant basal exudates. Which of the following will be the most likely CSF finding: (AIIMS Nov 2011)

- a. Lymphocytosis, low glucose, high protein
- b. Lymphocytosis, normal glucose, high protein
- c. Lymphocytosis, low glucose, normal protein
- d. Neutrophilia, low glucose, low protein

Ref: Harrison's 18/e p3414

Ans. 164. d. Huntington's...	165. d. Spinocerebellar...	166. c. Aneurysm	167. a. Posterior Inferior...
168. b. Vasospasm...	169. b. Ruptured aneurysm	170. c. Aneurysmal...	171. a. Subarachnoid...
172. a and b	173. b. Aneurysmal...	174. d. Lymphocytic...	175. a. Increased...
176. a. Lymphocytosis...			

177. **Characteristic finding in CT in a TB case is:** (AI 2001)
 a. Exudate seen in basal cistern
 b. Hydrocephalus is non communicating
 c. Calcification commonly seen in umbellium
 d. Ventriculitis is a common finding
Ref: Harrison's 18/e p3436
178. **Basal exudates, infarcts and hydrocephalus are findings observed in brain imaging studies. The most likely diagnosis is:** (AI 2012)
 a. Tubercular meningitis
 b. Viral meningitis
 c. Herpes encephalitis
 d. Cerebral malaria
Ref: Harrison's 18/e p3436
179. **Pneumococcal meningitis is associated with the following CSF findings:** (AI 2012)
 a. Pleocytosis with low protein and low sugar
 b. Pleocytosis with high protein and low sugar
 c. Lymphocytosis with low protein and low sugar
 d. Lymphocytosis with high protein and low sugar
Ref: Harrison's 18/e p3414
180. **Neurological complications of meningitis include all of the following, except:** (AIIMS Nov 02)
 a. Seizures
 b. Increased intracranial pressure.
 c. Cerebral hamartoma.
 d. Subdural effusions.
Ref: Harrison 15/e p2464, 2481; O.P. Ghai Pediatrics 5/e p393;
181. **Which of the following agents is most commonly associated with recurrent meningitis due to CSF leaks:** (AI 2010)
 a. Meningococci
 b. Pneumococci
 c. Hemophilus influenza
 d. E. coli
Ref: Harrison's 18/e p3410, 3435, 3436
182. **Subdural empyema is most commonly caused by:** (AI 2000)
 a. H influenza
 b. Staphylococcus aureus
 c. Streptococcus pneumoniae
 d. E. Coli
Ref: Harrison's 18/e p3432, 17/e p2638
183. **Which of the following viruses is not a common cause of viral encephalitis?** (AI 2004)
 a. Herpes simplex virus type 2
 b. Japanese encephalitis virus
 c. Nipah virus
 d. Cytomegalovirus
Ref: Harrison's 18/e p3419, 17/e p2628
184. **Which of the following is the most common cause of meningoencephalitis in children:** (AI 2010)
 a. Mumps
 b. Arbovirus
 c. HSV
 d. Enterovirus
Ref: Nelson's 18/e p2521
185. **Commonest cause of sporadic encephalitis is:**
 a. Japanese B virus (AIIMS May 04) (AI 2003)
 b. Herpes simplex virus
 c. Human immunodeficiency virus
 d. Rubeola virus
Ref: Harrison's 18/e p3421, 17/e p2630
186. **A young male develops fever, followed by headache, confusional state, focal seizures and right hemiparesis. The MRI performed shows bilateral frontotemporal hyper intense lesion. The most likely diagnosis is:** (AI 2004)
 a. Acute pyogenic meningitis
 b. Herpes simplex encephalitis
 c. Neurocysticercosis
 d. Carcinomatous meningitis
Ref: Harrison's 18/e p3422, 17/e p2631
187. **Which of the following is the most common central nervous system parasitic infection?** (AIIMS May 03)
 a. Echinococcosis.
 b. Sparganosis.
 c. Paragonimiasis.
 d. Neurocysticercosis.
Ref: Harrison's 18/e p3437
188. **Commonest presentation of neurocysticercosis is:** (AI 2003)
 a. Seizures
 b. Focal neurological deficits
 c. Dementia
 d. Radiculopathy
Ref: Harrison's 18/e p3431, 17/e p2637
189. **Which of the following is the most common location of intracranial neurocysticercosis:** (AIIMS Nov 05)
 a. Brain parenchyma
 b. Subarachnoid space
 c. Spinal cord
 d. Orbit
Ref: Harrison's 18/e p3431, 17/e p2638
190. **True statement about neurocysticercosis is:** (AI 2001)
 a. Seizures due to neurocysticercosis are resistant to anti epileptic drugs
 b. Albendazole is superior to praziquantel in the treatment of above condition
 c. Common presentation is 6th CN palsy and hemiparesis.
 d. Steroids are used in the management of hydrocephalus.
Ref: Harrison's 18/e p3431
191. **All of the following statements are true regarding central nervous system infections, except:** (AIIMS Nov 04)
 a. Measles virus is the causative agent for subacute sclerosing pan encephalitis (SSPE)
 b. Cytomegalovirus causes bilateral temporal lobe hemorrhagic infarction
 c. Prions infection causes spongiform encephalopathy
 d. JC virus is the causative agent for progressive multifocal leucoencephalopathy
Ref: Harrison's 18/e p3427, 17/e p2631, 2635
192. **Which of the following statements about Prions is true:** (AI 2008)
 a. They are infections proteins
 b. They are made upof bacteria and virus
 c. They have rich nuclear material
 d. They can be cultured in cell free media
Ref: Harrison's 18/e p3441

Ans. 177. a. Exudate...	178. a. Tubercular meningitis	179. b. Pleocytosis...	180. c. Cerebral...
181. b. Pneumococci	182. c. Streptococcus...	183. a. Herpes...	184. d. Enterovirus
185. b. Herpes Simplex...	186. b. Herpes simplex ...	187. d. Neurocysticercosis	188. a. Seizures
189. a. Brain parenchyma	190. b. Albendazole...	191. c. Prions...	192. a. They are infections

193. Prions include: (AIIMS Nov 07)
- DNA and RNA
 - Only RNA
 - Proteins
 - Only DNA

Ref: Harrison's 18/e p3441

194. Which one of the following is not a prion associated disease: (AI 2005)
- Scrapie
 - Kuru
 - Creutzfeldt-Jakob disease
 - Alzheimer's disease

Ref: Harrison's 18/e p3442, 17/e p2647 Table: 383.2

195. A 60 year old man with progressive dementia of recent onset presents with intermittent irregular jerky movements. EEG shows periodic sharp biphasic waves. The most likely diagnosis is: (AI 2011, AIIMS Nov 2010)
- Alzheimer's disease
 - Creutzfeldt Jakob disease
 - Lewy body dementia
 - Herpes simplex encephalitis

Ref: Harrison's 18/e p3444, 17/e p2649

196. All of the following statements about Creutzfeldt-Jakob disease are true, except: (AIIMS May 04)
- It is a neurodegenerative disease
 - It is caused by infectious proteins
 - Myoclonus is rarely seen
 - Brain biopsy is specific for diagnosis

Ref: Harrison's 18/e p3444, 3445 17/e p2649, 2650

197. Seizures may be the presenting feature in all of the following, except: (DNB 2012)
- Cryptococcus meningitis
 - Toxoplasmosis
 - CMV
 - Entamoeba histolytica

Ref: Child Neurology 7/e p517, Oxford Textbook of Medicine 'Infection' 5/e p2012/661 'Surgical Diseases in Tropical countries by Sood (Jaypee) 1996/8

198. Which of the following is the most common type of Glial tumors? (AI 06)
- Astrocytomas
 - Medulloblastomas
 - Neurofibromas
 - Ependymomas

Ref: Harrison's 18/e p3384

199. Which of the following statements about cerebellar astrocytomas in paediatric age group is false: (AI 2008)
- These are usually low grade tumors
 - These tumors have a good prognosis
 - These are more commonly seen in the 1st and 2nd decades
 - These tumours are more common in females

Ref: Nelsons 18/e p2130, 2131; WHO classification of Tumours of the Central Nervous System (2007) /14

200. Most common site of subependymal astrocytoma (giant cell): (AIIMS Nov 07)
- Trigone of lateral ventricle
 - Foramen of Munro
 - Temporal horn of lateral ventricle
 - 4th ventricle

Ref: Neurology in clinical practice 4th/1428; 1 Neuro-ancology by Bernstein (2000)

201. A young female patient with long history of sinusitis presented with frequent fever along with personality changes and headache of recent origin. The fundus examination revealed papilledema. The most likely diagnosis is: (AIIMS Nov 04)
- Frontal lobe abscess
 - Meningitis
 - Encephalitis
 - Frontal bone osteomyelitis

Ref: Harrison's 18/e p246

J. MISCELLANEOUS

202. Which of the following speech indicates damage to the categorical hemisphere: (AIIMS May 08)
- Normal speech
 - Increased speech
 - Decreased speech
 - Senseless, fluent speech

Ref: Harrison's 18/e p204, 17/e p164

203. A 45 years male presents with hypertension. He has sudden abnormal flinging movements in right upper and lower limbs. Most likely site of haemorrhage is: (AI 2001)
- Substantia nigra
 - Caudate nuclei
 - Pons
 - Subthalamic nuclei

Ref: Harrison's 18/e p3332, 17/e p2563

204. All of the following neurophysiological defects are likely to result from right lobe involvement, except: (AIIMS May 08)
- Visuospatial defects
 - Anosognosia
 - Dyscalculi
 - Spatial dysgraphia

Ref: 'High yield Neuroanatomy' by Fix 4th/144, 146; 'Lecture Notes in Neurology' by Ginsberg 9th/14, 15, 16; Davidson's 21st/1136;

205. Which of the following structure is most likely to be compressed by an aneurysm of the posterior communicating artery: (AIIMS May 08)
- Oculomotor nerve
 - Optic nerve
 - Trochlear nerve
 - Hypophysis cerebri

Ref: Harrison's 18/e p2262, 17/e p1727

Ans. 193. c. Proteins	194. d. Alzheimer's...	195. b. Creutzfeldt	196. c. Myoclonus...
197. d. Entamoeba...	198. a. Astrocytomas...	199. d. These tumours ...	200. b. Foramen of Munro
201. a. Frontal lobe...	202. d. Senseless, fluent speech	203. d. Subthalamic...	204. c. Dyscalculi
205. a. Oculomotor...			

206. Pick's body in pick's disease is: (AI 2008)
 a. Tau protein
 b. Alpha synuclein
 c. Beta synuclein
 d. A amyloid *Ref: Harrison's 18/e p3311, 17/e p2545*
207. Localised regional cerebral atrophy is seen in: (PGI Dec 02)
 a. Alzheimer's disease
 b. Frontotemporal dementia
 c. PML
 d. C. J. disease
 e. Friedreich's ataxin *Ref: Harrison's 18/e p3310, 17/e p2544*
208. CSF glucose level is: (AIIMS June 2000)
 a. Half the plasma glucose
 b. 2/3 plasma glucose
 c. 1/3 plasma glucose
 d. Same as plasma glucose *Ref: Harrison's 18/e p3600*
209. Which of the following brain tumors does not spread via CSF? (AI 2004)
 a. Germ cell tumors
 b. Medulloblastoma
 c. CNS Lymphoma
 d. Craniopharyngoma
Ref: Text book on Clinical and radiation Oncology
210. Which of the following statements about neuroblastoma is not true: (AI 2009)
 a. Most common extracranial solid tumor in childhood
 b. > 50% present with metastasis at time of diagnosis
 c. Lung metastasis are common
 d. Often encase aorta and its branches at time of diagnosis
Ref: Nelson's 18/e p2138; Robbins 8/e p475-479 7/e p500, 501; Ghai 6/e p573; 'Neuroblastoma' by Pochedly (1990)/1
211. Which of the following is the most common CNS tumor associated with HIV infection? (DNB 2012)
 a. Lymphoma
 b. Glioma
 c. Astrocytoma
 d. Medulloblastoma *Ref: Harrison's 18/e p1566*
212. Which of the following is the most common false localizing neurological sign in assessing brain tumors: (DNB 2010)
 a. Seizures
 b. Unilateral papilledema
 c. Abnormal unilateral pupil
 d. Diplopia
Ref: Merris's Neurology 12th/373; Essential Neurology (John Wiley and Sons) 2009/44
213. All of the following statements about neurofibromatosis are true, except: (AI 2009)
 a. Autosomal recessive inheritance
 b. Cutaneous neurofibromas
 c. Cataract
 d. Scoliosis *Ref: Harrison's 18/e p3389*
214. All of the following are seen in neurofibromatosis, except: (DNB 2011)
 a. Lisch nodules
 b. Axillary Freckling
 c. Shagreen Patch
 d. Caffé-au-lait spots *Ref: Harrison's 18/e p3389, 3390*
215. Neurofibromatosis type-II is associated with (select three options): (PGI Dec 2000)
 a. B/L acoustic schwannoma
 b. Multiple café-au-lait spots
 c. Chromosome-22
 d. Lisch nodule
 e. Posterior subcapsular lenticular cataract
Ref: Harrison's 18/e p3389, 3390
216. Neurofibromatosis I is most commonly associated with:
 a. Brain stem gliomas (AIIMS Nov 07)
 b. Optic pathway glioma
 c. Sub ependymal pilocytic astrocytoma
 d. Glioblastoma multiforme
Ref: Harrison's 18/e p3384, 3389
217. All of the following may be associated with Von Hippel Lindau syndrome, except: (AI 2009)
 a. Retinal and cerebellar hemangioblastomas
 b. Gastric carcinoma
 c. Pheochromocytoma
 d. Renal cell carcinoma
Ref: Harrison's 18/e p2360, 17/e p2607
218. Hemangioblastoma associated with VHL are most commonly seen in: (DNB 2012)
 a. Cerebellum
 b. Liver
 c. Kidney
 d. Pancreas *Ref: Harrison's 18/e p2360*
219. In Von Hippel-Lindau syndrome, the retinal vascular tumours are often associated with intracranial hemangioblastoma. Which one of the following regions is associated with such vascular abnormalities in this syndrome? (AI 2005)
 a. Optic radiation.
 b. Optic tract.
 c. Cerebellum.
 d. Pulvinar *Ref: Harrison's 18/e p2360*
220. Which of the following statements about Von-Hippel Lindau syndrome is true: (AI 2012)
 a. Multiple tumors are rarely seen
 b. Craniospinal hemangioblastomas are common
 c. Supratentorial lesions are common
 d. Tumors of Schwann cells are common
Ref: Harrison's 18/e p2360
221. A child presents to the clinic with history of seizures and mental retardation. Clinical examination reveals multiple hypopigmented macules. What is the likely diagnosis: (AI 2010)
 a. Tuberous sclerosis
 b. Neurofibromatosis
 c. Sturge weber syndrome
 d. Linear epidermal nevus syndrome
Ref: Harrison's 18/e p3390

Ans. 206. a. Tau protein	207. b. Frontotemporal...	208. b. 2/3 plasma glucose	209. d. Craniopharyngoma
210. c. Lung metastasis	211. a. Lymphoma	212. d. Diplopia	213. a. Autosomal...
214. c. Shagreen Patch	215. a, c and e	216. b. Optic pathway...	217. b. Gastric carcinoma
218. a. Cerebellum	219. c. Cerebellum	220. b. Craniospinal...	221. a. Tuberous sclerosis

222. Triad of tuberous sclerosis includes all, except: (AI 2009)
 a. Epilepsy
 b. Adenoma sebaceum
 c. Low intelligence
 d. Hydrocephalus *Ref: Harrison's 18/e p3390, 17/e p2607*
223. A middle aged female presents with prolonged history of back pain followed by slowly progressive weakness of both lower limbs, spasticity and recent onset difficulty in micturition. On neurological examination there is evidence of dorsal myelopathy. MRI scan of spine shows a well-defined mid-dorsal intradural homogenous contrast enhancing mass lesion. The likely diagnosis is:
 a. Intradural Lipoma (AIIMS Nov 2011)
 b. Dermoid cyst
 c. Epidermoid cyst
 d. Spinal meningioma
Ref: 'Meningiomas: Diagnosis, Treatment and Outcome' by Lee (Springer) 2009/530, 531, 532; 'Spine Radiosurgery (Thieme) 2008/113, 114; 'Spinal Cord and Spinal Column Tumors (Thieme) 2006
224. All of the following are classified as 'Small fiber' neuropathies' except: (AI 2012)
 a. Vitamin B12 deficiency
 b. HIV Induced
 c. Hansen's disease
 d. Amyloidosis *Ref: Harrison's 18/e p3448-3449, 17/e p2653*
225. Small fiber neuropathy presents as: (PGI June 08)
 a. Burning pain
 b. Tingling and Numbness
 c. Foot drop
 d. Twitching *Ref: Harrison's 18/e p3448-3449, 17/e p2652*
226. All of the following are associated with Autonomic Neuropathies, except: (DNB 2009)
 a. Diabetes
 b. Amyloid
 c. Hyperthyroidism
 d. Botulinism *Ref: Harrison's 18/e p3353, 17/e p1764*
227. All of the following are feature of autonomic neuropathy, except: (AIIMS May 08)
 a. Resting tachycardia
 b. Silent myocardial infarction
 c. Orthostatic hypotension
 d. Bradycardia *Ref: Harrison's 18/e p3353*
228. Neuropathy is not seen in: (PGI June 03)
 a. Tuberculosis
 b. SLE
 c. Diabetes mellitus
 d. Polyarteritis nodosa
 e. Sarcoidosis *Ref: Harrison's 18/e p3353*
229. Sensorimotor neuropathy may be caused by all, except: (PGI Dec 02)
 a. DM
 b. Lead poisoning
 c. Arsenic
 d. Isoniazid
 e. Cryoglobulinemia *Ref: Harrison's 18/e p3466*
230. Predominantly sensory neuropathy is/are caused by: (PGI June 01)
 a. Cisplatin
 b. Pyridoxine excess
 c. Suramin
 d. Diphtheria
 e. Guillain-Barre syndrome *Ref: Harrison's 18/e p3463, 3465*
231. All of the following can cause neuropathies with predominant motor involvement except: (AI 2004)
 a. Acute inflammatory demyelinating polyneuropathy
 b. Acute intermittent porphyria
 c. Lead intoxication
 d. Arsenic intoxication
Ref: Harrison's 18/e p3466, 17/e p2653 379-3
232. All of the following are predominant motor neuropathy except: (AIIMS May' 06)
 a. Acute inflammatory demyelinating poly radiculoneuropathy
 b. Porphyric neuropathy
 c. Lead intoxication
 d. Arsenic intoxication
Ref: Harrison's 18/e p3466, 17/e p2653
233. Most common cause of mononeuritis multiplex in India is: (AIIMS Nov 08)
 a. Hansen's disease
 b. Rheumatoid arthritis
 c. Tuberculosis
 d. PAN
Ref: Neurological Practice: an Indian Perspective by Walia (2005)/591 'Clinical Neurophysiology' 2nd (2006)
234. Pure motor paralysis is seen in: (AI 2000)
 a. Polio
 b. Guillain Barre syndrome
 c. Diabetes mellitus
 d. Sub-Acute Combined Degeneration
Ref: Harrison's 18/e p3347, 17/e p2541, 2542
235. All cause ascending motor paralysis except: (AI 2000)
 a. Diabetes mellitus
 b. Diphtheria
 c. Guillain Barre syndrome
 d. Porphyria *Ref: Harrison's 18/e p3458, 3460, 3473, 3173*
236. Trophic ulcers are seen in all, except: (PGI Dec 2000)
 a. Leprosy
 b. Syringomyelia
 c. Polio
 d. All of the above (seen in all)
Ref: Harrison's 18/e p1363, 3374
237. All of the following can lead to trophic ulcers in the fingers except: (AIIMS Nov 2000)
 a. Cervical disc prolapse
 b. Subacute combined degeneration of spinal cord
 c. Leprosy
 d. Syringomyelia
Ref: Harrison's 18/e p3367, 3374, 1363

Ans. 222. d. Hydrocephalus	223. d. Spinal meningioma	224. a. Vitamin B12 ...	225. a. Burning pain
226. c. Hyperthyroidism	227. d. Bradycardia	228. a. Tuberculosis	229. b. Lead poisoning
230. b. Pyridoxine excess	231. d. Arsenic intoxication	232. d. Arsenic intoxication	233. a. Hansen's disease
234. a. Polio	235. b. Diphtheria	236. c. Polio	237. b. Subacute...

238. Dying back neuropathy is seen in all except: (AI 2008)

- Diabetic neuropathy
- Arsenic neuropathy
- Porphyria
- Guillain Barre syndrome (GBS)

Ref: Diagnostic Neuropathology by Vinters, Farrell and Mischel (1998) / 12; Acute Rheumatic and Immunological diseases by Mandell (1994) / 486, 487; Harrison 16/e p2504, 2505.

239. All of the following are true about Guillain Barre syndrome (GBS), except: (AI 2010)

- Ascending paralysis
- Flaccid paralysis
- Sensory level
- Albumino-Cytological Dissociation

Ref: Harrison's 18/e p3473, 17/e p2667, 2668, 2670

240. All of the following statements about Guillain – Barre Syndrome are true, except: (DNB Dec 2011)

- Inflammatory
- Demyelinating
- Descending
- Cranial nerve involvement

Ref: Harrison's 18/e p3473

241. Conduction velocity of nerve is reduced in all of the following conditions, except: (AI 2012)

- Acute motor axonal neuropathy (AMAN)
- Acute inflammatory demyelinating neuropathy (AIDP)
- Hereditary sensory motor neuropathy (HSMN)
- Multifocal motor neuropathy

Ref: Harrison's 18/e p3473; Table 385-1

242. A child presents with ascending flaccid paralysis. There is subsequent respiratory muscle involvement. CSF examination shows albuminocytological dissociation. Treatment of choice is: (AIIMS May 02)

- Cycloserine
- Oral prednisolone
- I.V. methyl prednisolone
- I.V. immunoglobins

Ref: Harrison's 18/e p3477, 17/e p2670

243. An 18-year-old male presented with acute onset descending paralysis of 3 days duration. There is also a history of blurring of vision for the same duration. On examination, the patient has quadriparesis with areflexia. Both the pupils are non-reactive. The most probable diagnosis is:

- Poliomyelitis
- Botulism
- Diphtheria
- Porphyria

Ref: Harrison's 18/e p1200, 17/e p901

244. All of the following are features of Botulism except:

- Cranial nerve palsies
- Descending paralysis
- Fever
- Clear sensorium

(DNB June 2011)

Ref: Harrison's 18/e p1200

245. A 45-year-old female presents to the outpatient clinic with symptoms of pain, fatigue and weakness in both lower limbs. She gives history of paralysis affecting both lower limbs in childhood from which she made good functional

recovery. Which of the following is the most likely suspected diagnosis: (AI 2012)

- Post polio syndrome
- Polymyositis
- Muscular dystrophy
- Neuropathy

Ref: Harrison's 18/e p1595

246. Charcot's Joint includes all of the following except:

- Syringomyelia
- Leprosy
- Diabetes
- Arthrogryposis multiplex congenita

(AIIMS Nov 06)

Ref: Harrison's 18/e p2856, 17/e p2180 (Table 330.2)

247. Impotence is a feature of which of the following:

- Multiple sclerosis
- Poliomyelitis
- Amyotrophic lateral sclerosis
- Meningitis

(AIIMS Nov 2000)

Ref: Harrison's 18/e p3398, 17/e p2613

248. Which of the following drugs is not recommended for the treatment of Multiple Sclerosis: (AIIMS Nov 2011)

- Interferon β -1a
- Interferon β -1b
- Glatiramer acetate
- Mycophenolate

Ref: Harrison's 18/e p3402

249. Horner's syndrome may be caused by all of the following, except: (AIIMS Nov 2010)

- Carotid artery aneurysm
- Medial medullary syndrome
- Iatrogenic
- Multiple sclerosis

Ref: Harrison's 18/e p3398, 17/e p3402, 3403, 2404

250. Multiple sclerosis is associated with all of the following, except: (DNB 2012)

- Hydrocephalus
- Optic neuritis
- Spasticity
- Spinal cord involvement

Ref: Harrison's 18/e p3398

251. Which of the following is used in the treatment of Multiple Sclerosis: (AIIMS Nov 2006)

- Interferon alpha
- Interferon beta
- Infliximab
- Interferon gamma

Ref: Harrison's 18/e p3403, 3404

252. All of the following are true about manifestations of vitamin E deficiency, except: (AI 2005)

- Hemolytic anemia
- Posterior column abnormalities
- Cerebellar ataxia
- Autonomic dysfunction

Ref: Harrison's 16/e p603

253. Extrapyramidal symptoms are seen in all except:

- Paralysis agitans
- Carbon monoxide poisoning
- Cerebrovascular accident
- Multiple sclerosis

(AIIMS Nov 2000)

Ref: Harrison's 18/e p3318, 17/e p2533; Table 366-2

Ans. 238. d. Guillain	239. c. Sensory level	240. c. Descending	241. a. Acute motor...
242. d. I.V. immunoglobins	243. b. Botulism	244. c. Fever	245. a. Post polio syndrome
246. d. Arthrogryposis ...	247. a. Multiple sclerosis	248. b. Interferon β -1b	249. d. Multiple sclerosis
250. a. Hydrocephalus	251. b. Interferon Beta	252. d. Autonomic dysfunction	253. d. Multiple sclerosis

254. After a minor head injury a young patient was unable to close his left eye and had drooling of saliva from left angle of mouth. He is suffering from: (AIIMS May 03)

- a. VIIth nerve injury
- b. Vth nerve injury
- c. IIIrd nerve injury
- d. Combined VIIth and IIIrd nerve injury

Ref: Harrison's 18/e p3362

255. Shirmer's test is done for: (DNB Dec 2011)

- a. Oculomotor nerve
- b. Optic nerve
- c. Facial nerve
- d. Hypoglossal nerve

Ref: Yanoff and Duker Ophthalmology 3/e p327

256. Shirmer's test is used to assess: (DNB 2012)

- a. Greater superficial petrosal nerve
- b. Stapedial branch
- c. Chorda tympani nerve
- d. Stylohyoid branch

Ref: Yanoff and Duker Ophthalmology 3/e p327

257. Herpes zoster in geniculate ganglion causes: (DNB 2010)

- a. Bell's palsy
- b. Ramsay Hunt syndrome
- c. Merksel Rosenthal syndrome
- d. Frey's syndrome

Ref: Harrison's 18/e p3362

10. ACID-BASE DISORDERS

ACID-BASE DISORDERS (QUESTIONS)

1. A 2 year old child is being evaluated for persistent metabolic acidosis. Blood tests show Na^+ 140mEq/L, K^+ 3mEq/L, Ca^{2+} 8mg/L, Mg^{2+} 2 mEq/L, phosphate 3 mEq/L, pH 7.22, bicarbonate 16mEq/L and chloride 112mEq/L. The plasma anion gap is:
 - a. 9 (AIIMS Nov 2004)
 - b. 15
 - c. 22
 - d. 25 *Ref: Harrison's 18/e p365, 17/e p289,290*
2. A normal-anion-gap metabolic acidosis occurs in patients with:
 - a. Diarrhoea (AIIMS Nov 2003)
 - b. Diabetic ketoacidosis
 - c. Methyl alcohol poisoning
 - d. Acute renal failure *Ref: Harrison's 18/e p368, 17/e p292*
3. Normal anion gap metabolic is caused by: (AI 2003)
 - a. Cholera
 - b. Starvation
 - c. Ethylene glycol poisoning
 - d. Lactic acidosis *Ref: Harrison's 18/e p368, 17/e p292*
4. All of the following cause high anion gap metabolic acidosis except: (AIIMS Nov 2002)
 - a. Lactic acidosis
 - b. Salicylate poisoning
 - c. Ethylene glycol poisoning
 - d. Ureterosigmoidostomy *Ref: Harrison's 18/e p368,369*
5. The following condition is not associated with an increased anion-gap type of metabolic acidosis: (AI 2002)
 - a. Shock
 - b. Ingestion of ante-freeze
 - c. Diabetic ketoacidosis
 - d. COPD *Ref: Harrison's 18/e p369, 17/e p292*
6. A 7 years girl, parents gave history of fever for which she was treated with Paracetamol following which the fever subsided. Later she developed seizures and altered sensorium. The urine examination revealed oxalate crystals on microscopy, Blood anion gap and osmolality were increased. The diagnosis is: (AIIMS May 2002)
 - a. Lactic acidosis
 - b. Ethylene glycol poisoning
 - c. Renal tubular acidosis
 - d. Paracetamol poisoning *Ref: Harrison's 18/e p367, 17/e p291*
7. A 2 year old boy presents with fever for 3 days which respond to administration of paracetamol. Three days later he developed acute renal failure, marked acidosis and encephalopathy. His urine showed plenty of oxalate crystals. The blood anion gap and osmolal gap were increased. Which of the following is the most likely diagnosis: (AIIMS Nov 05)
 - a. Paracetamol poisoning
 - b. Diethyl glycol poisoning
 - c. Severe malaria
 - d. Hanta virus infection *Ref: Harrison's 18/e p367, 17/e p291*
8. Urinary anion gap, an indication of excretion of: (AI 2002)
 - a. Ketoacids
 - b. NH_4^+ ion
 - c. H^+ ion
 - d. Na^+ ion *Ref: Harrison's 18/e p367, 17/e p291, 292*
9. Acute metabolic acidosis: (AI 2002)
 - a. Has biphasic effect on K^+ excretion
 - b. Does not effect K^+ excretion
 - c. Decreases urinary K^+ excretion
 - d. Increase urinary K^+ excretion *Ref: Harrison's 18/e p366*
10. pH 7.24, PaO_2 55 mm Hg, PaCO_2 250 mm Hg, HCO_3^- 30 mEq/L consistent with: (DP PGME 2009)
 - a. Respiratory acidosis
 - b. Respiratory alkalosis
 - c. Metabolic acidosis
 - d. Metabolic alkalosis *Ref: Harrison's 18/e p363, 17/e p384, 2061*
11. Causes of metabolic alkalosis include all the following except: (AI 2003)
 - a. Mineralocorticoid deficiency
 - b. Bartter's syndrome
 - c. Thiazide diuretic therapy
 - d. Recurrent vomiting *Ref: Harrison's 18/e p370, 17/e p293*
12. A patient with salicylic acid poisoning has the following arterial blood gas analysis report: pH = 7.12 : pCO_2 = 18mmHg; HCO_3^- = 12mmol/L. The resulting acid base abnormality can be best labeled as: (AIIMS Nov 03)
 - a. Metabolic acidosis with compensatory respiratory alkalosis
 - b. Metabolic acidosis with compensatory respiratory alkalosis
 - c. Respiratory acidosis with metabolic alkalosis
 - d. Metabolic acidosis *Ref: Harrison's 18/e p363 Table 47-1*
13. In a patient PO_2 is 85 mmHg, PCO_2 = 50mmHg, Ph is 7.2 and HCO_3^- is 32 meq/l is suffering from:
 - a. Respiratory acidosis with compensatory metabolic alkalosis (AIIMS June 2000)
 - b. Respiratory acidosis with compensatory metabolic acidosis
 - c. Metabolic acidosis
 - d. Metabolic alkalosis *Ref: Harrison's 18/e p364, 17/e p1590, 288, 289*

Ans.	1. b. 15	2. a. Diarrhoea	3. a. Cholera	4. d. Ureterosigmoidostomy
	5. d. COPD	6. b. Ethylene glycol poisoning	7. b. Diethyl glycol poisoning	8. b. NH_4^+
	9. c. Decreases urinary...	10. a. Respiratory acidosis	11. a. Mineralocorticoid...	12. a. Metabolic acidosis with...
	13. a. Respiratory acid...			

14. ABG analysis of a patient on ventilator, shows decreased pCO_2 , normal pO_2 , pH 7.5; diagnosis is: (AI 2001)
 a. Respiratory acidosis
 b. Metabolic alkalosis
 c. Respiratory alkalosis
 d. Metabolic acidosis *Ref: Harrison's 18/e p363 Table 47-1*
15. An ABG analysis shows : pH 7.2, raised pCO_2 , decreased HCO_3 ; diagnosis is: (AIIMS June 97, AI 2001)
 a. Respiratory acidosis
 b. Compensated metabolic acidosis
 c. Respiratory and metabolic acidosis
 d. Respiratory alkalosis *Ref: Harrison's 18/e p363 Table 47-1*
16. A newly posted junior doctor had difficulty in finding out base deficit/excess for blood in a given patient. An experienced senior resident advised a quick method to determine acid base composition of blood based on pCO_2 . Which of the following is the likely method he suggested to predict acid base composition of blood? (AI 2004)
 a. Red ford nomogram
 b. DuBio's nomogram
 c. Goldman constant field equation
 d. Siggard-Andersen nomogram *Ref: Ganong 19/e p703 fig 39.8*
17. A patient with pCO_2 80 mm Hg and plasma bicarbonate 33 meq/L is having: (Comed K 2010)
 a. Metabolic acidosis
 b. Respiratory acidosis
 c. Respiratory alkalosis
 d. Excessive renal bicarbonate loss *Ref: Harrison's 18/e p364 17/e p288, Fig 48-1*
18. Hyperchloremic acidosis is seen with: (AP 2011)
 a. Ureterosigmoidostomy
 b. Ketoacidosis
 c. Ethylene glycol
 d. Cyanide poisoning *Ref: Harrison's 18/e p368*
19. In Metabolic alkalosis, which is true about excretion in urine: (Rajasthan 2009)
 a. More of NH_3
 b. Less of acetic acid
 c. Betahydroxybutyric acid
 d. Less ammonia *Ref: Harrison's, 18/e p369, 370*
20. Metabolic acidosis is compensated by: (UP 2011)
 a. Hyperventilation
 b. HCO_3 loss
 c. Cl loss
 d. Ammonia excretion in kidney *Ref: Harrison's 18/e p365, 363*
21. Metabolic acidosis with increased anion gap is seen in all except: (UP 2011)
 a. Diarrhea
 b. Hepatic failure
 c. Organic aciduria
 d. Lactic acidosis *Ref: Harrison's, 18/e p365, 369*
22. The initial fluid of choice of the treatment of hypernatremic dehydration is: (MP PG 2009)
 a. Normal saline
 b. N/2 saline
 c. N/4 saline
 d. D/4 saline+ 5% dextrose *Ref: Harrison's 18/e p350-351; 17/e p280; Nelson's 18/e p316*
23. Normal anion gap is seen in all except: (Kerala PG 09)
 a. Ureterosigmoidostomy
 b. Methanol poisoning
 c. Renal tubular acidosis
 d. Diarrhoea *Ref: Harrison 18/e p367, 17/e p291-292*
24. Best way to differentiate starvation acidosis and diabetic acidosis is: (Kerala PG 09)
 a. History of obesity
 b. Leucocytosis
 c. Hyperchloremia
 d. Bicarbonate level *Ref: Lipplincott 3/e p338*
25. Arterial blood gas analysis of a patient admitted to the medical emergency is as follows: pH=7.2, $HCO_3=38$ mmol/L, $pCO_2 = 56$ mm Hg. This indicates:
 a. Metabolic acidosis (Feb DP PGME 2009)
 b. Metabolic acidosis with respiratory compensation
 c. Respiratory acidosis
 d. Respiratory acidosis with renal compensation *Ref: Harrison's 18/e p371*
26. Common feature of Gitelman syndrome is: (DP PGME 2009)
 a. Hyperkalemia
 b. Metabolic alkalosis
 c. Hypermagnesemia
 d. High calcium excretion *Ref: Harrison's 18/e p353, 17/e p1802-1804*

Ans.	14. c. Respalkalosis	15. c. Respiratory and metabolic...	16. d. Siggard-Andersen...	17. b. Respiratory acidosis
	18. a. Ureterosigmoid...	19. d. Less ammonia	20. a. Hyper ventilation	21. b. Hepatic failure
	22. a. Normal saline	23. b. Methanol poisoning	24. d. Bicarbonate level	24. d. Respiratory...
	25. b. Metabolic alkalosis			

11. GENETIC DISORDERS

GENETIC DISORDERS (QUESTIONS)

1. Which of the following is Autosomal Dominant: (AI 2000)

a. Retinoblastoma
b. Ataxia telangiectasia
c. Bloom's syndrome
d. Xeroderma pigmentosa

Ref: Harrison's 18/e p516

2. Study the following carefully Read the pedigree. Inheritance pattern of the disease in the family is: (AI 2005)

a. Autosomal recessive type
b. Autosomal dominant type
c. X-Linked dominant type
d. X linked recessive type

Ref: Harrison's 18/e p500, 17/e p399

3. Kinky hair disease is a disorder where an affected child has peculiar white stubby hair, does not grow, brain degeneration is seen and dies by age of two years. Mrs A is hesitant about having children because her two sisters had sons who had died from kinky hair disease. Her mother's brother also died of the same condition. Which of the following is the possible mode of inheritance in her family? (AI 2004)

a. X-linked recessive
b. X-linked dominant
c. Autosomal recessive
d. Autosomal dominant

Ref: Harrison's 18/e p501

4. The chances of having an unaffected baby, when both parents have achondroplasia, are: (AI 2005)

a. 0%.
b. 25%
c. 50%
d. 100%

Ref: Harrison's 18/e p495, 16/e p2235, 2414, 399

5. An albino girl gets married to a normal boy, What are the chances of their having an affected child and what are the chances of their children being carriers? (AI 2003)

a. None affected, all carriers
b. All normal
c. 50% carriers
d. 50% affected, 50% carriers

Ref: Harrison's 18/e p601, 3215

6. Kamlesh, a 2 years old girl, has Down's syndrome. Her karyotype is 21/21 translocation. What is the risk of recurrence in subsequent pregnancies if the father is a balanced translocation carrier: (AI 2002)

a. 100%
b. 50%
c. 25%
d. 0%

Ref: Davidson 17/e p24

7. A married middle aged female gives history of repeated abortions for the past 5 years. The given below is conceptions pre-natal karyogram: (AI 2003)

1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18
19 20 21 22 y x

This karyogram suggests the following:

a. Klinefelter's syndrome
b. Turner's syndrome
c. Down's syndrome
d. Patau's syndrome

Ref: Harrison's 18/e p514, 515

8. All of the following may occur in Down's syndrome except: (AI 06)

a. Hypothyroidism
b. Undescended testis
c. Ventricular septal defect
d. Brushfield's spots

Ref: Ghai 6/e p592, <http://www.kcdsg.org/AboutDownSyndrome.php>

9. Which of the following is the investigation of choice in a pregnant lady at 18 weeks of pregnancy with past history of delivering a baby with Down's syndrome: (AI 2004)

a. Triple screen test
b. Amniocentesis
c. Chorionic villous biopsy
d. Ultrasonography

Ref: Williams 21st/e p1984; Harrison's 18/e p511, 521

10. A 35 year old female with a previous history of birth of a child with Down's syndrome, presents with 18 weeks Amenorrhoea. The Investigation of choice rule out Down's syndrome in the present pregnancy is: (AI 2000)

a. Triple test
b. Amniocentesis
c. Cordocentesis
d. Chorionic villous biopsy

Ref: Harrison's 18/e p511, 521

11. Mr. and Mrs. Annadurai have a 2 month old baby suffering with Down's syndrome. Karyotype of Mrs Annadurai shows translocation variety of Down syndrome. Which of the following investigations will you advise to the parents before the next pregnancy? (AI 2004)

a. Triple test
b. α -fetoprotein
c. Karyotyping
d. β -human chorionic gonadotropin (hCG)

Ref: Harrison's 18/e p510, 511, Williams 21/e p944, Ghai 5/e p478, 479

12. Webbing of neck, increased carrying angle, low posterior hair line and short fourth metacarpal are characteristics of:

a. Klinefelter syndrome (AI 2004)
b. Turner syndrome
c. Cri du chat syndrome
d. Noonan syndrome

Ref: Harrison's 18/e p3049, 17/e p2341

Ans.	1. a. Retinoblastoma	2. d. X linked recessive type	3. a. X-linked recessive	4. b. 25%
	5. a. None affected, all...	6. a. 100%	7. c. Down's syndrome	8. b. Undescended testis
	9. b. Amniocentesis	10. b. Amniocentesis	11. c. Karyotyping	12. b. Turner syndrome

13. Which is X-linked dominant condition?
a. Phosphate rickets (Feb DP PGME 2009)
b. Hemophilia
c. Gaucher's disease
d. Cystic fibrosis *Ref: Robbin's 8/e p142*
14. In Turner's syndrome which of the following is NOT seen:
a. Short stature (AIIMS June 2000)
b. Widely spaced nipple
c. Webbed neck
d. Mental retardation *Ref: Harrison's 18/e p3048, 17/e p2341*
15. The following statements regarding Turner syndrome are true except: (AIIMS May 2003)
a. Occurrence of Turner syndrome is influenced by maternal age
b. Most patients have primary amenorrhoea
c. Most patients have short stature
d. Edema of hands and feet is an important feature during infancy *Ref: Harrison's 18/e p3049*
16. A patient with XO chromosomes and short stature is likely to have: (AIIMS June 2000)
a. Klinefelter's syndrome
b. Turner's syndrome
c. Down's syndrome
d. Condy syndrome *Ref: Harrison's 18/e p3049*
17. A nineteen year old female with short stature, wide spread nipples and primary amenorrhoea most likely has a karyotype of: (AI 2003)
a. 47, XX+18
b. 46, XXY
c. 47, XXY
d. 45 X *Ref: Harrison's 18/e p3049*
18. All of the following may occur in Noonan's syndrome except: (AI 2003)
a. Hypertrophic cardiomyopathy
b. Cryptorchidism
c. Infertility in females
d. Autosomal dominant transmission *Ref: Nelson 16/e p1756; Harrison's 15/e p2042, Internet*
19. Males who are sexually under developed with rudimentary testes and prostate glands, sparse pubic and facial hair, long arms and legs and large hands & feet are likely to have the chromosome complement of: (AI 2004)
a. 45, XYY
b. 46, XY
c. 46, XXY
d. 46, X *Ref: Harrison's 18/e p3048*
20. A patient of 47XXY karyotype with features of hypogonadism; likely diagnosis is: (AI 2001)
a. Turners syndrome
b. Kilenfelters syndrome
c. Edwards syndrome
d. Down syndrome *Ref: Harrison's 18/e p3048*
21. In Klippel-Feil syndrome, the patient has all of the following clinical features except: (AI 2005)
a. Low hair line.
b. Bilateral Neck webbing.
c. Bilateral shortness of sterno mastoid muscles.
d. Gross limitations of neck movements. *Ref: OP Ghai 6/e p599*
22. Rokitsky Kuster Hauser syndrome is associated with: (AI 2001)
a. Ovarian agenesis
b. Absent fallopian tube
c. Vaginal atresia
d. Bicornuate uterus *Ref: Harrison's 18/e p3055*
23. A 16 year old female presents with Primary amenorrhea. Examination shows a Short Blind Vagina, with absent Uterus. The Next Investigation of choice is: (AI 2000)
a. Karyotyping
b. IVP
c. Gonadotrophin levels
d. Serum Prolactin *Ref: Robbin's 8/e p167*
24. The most common cause of ambiguous genitalia in a newborn is: (AI 2002)
a. 21 hydroxylase deficiency
b. 11 β -hydroxylase deficiency
c. 17 α -hydroxylase deficiency
d. 3 β -hydroxysteroid deficiency *Ref: Harrison's 18/e p3053*
25. Screening by using maternal serum alpha fetoproteins helps to detect all of the following except: (AI 2004)
a. Neural tube defects
b. Duodenal Atresia
c. Talipes equinovarus
d. Omphalocele *Ref: Dutta 7/e p106*
26. Ataxia telangiectasia is characterised by all of the following except: (AI 2004)
a. Chronic sinopulmonary disease
b. Decreased level of α -fetoprotein
c. Chromosomal breakage
d. IgA deficiency *Ref: Harrison's 18/e p3344*
27. Which of the following tests on maternal serum is most useful in distinguishing between open neural tube defects and ventral wall defects in a fetus? (AI 2004)
a. Carcinoembryogenic antigen
b. Sphingomyelin
c. Alpha-feto protein
d. Pseudocholinesterase *Ref: Dutta obstetrics 6/e p107*

Ans.	13. a. Phosphate rickets	14. d. Mental retardation	15. a. Occurrence of Turner...	16. b. Turner's syndrome
	17. d. 45 X	18. c. Infertility in females	19. c. 46, XXY	20. b. Kilenfelters syndrome
	21. c. Bilateral shortness...	22. c. Vaginal atresia	23. a. Karyotyping	24. a. 21 hydroxylase deficiency
	25. c. Talipes equinovarus	26. b. Decreased level of...	27. d. Pseudocholinesterase	

28. Which of following is the feature of Y chromosome?

- a. Acrocentric (AI 2004)
- b. Telocentric
- c. Submetacentric
- d. Metacentric

Ref: Molecular genetics by Precid and Strachan /49, 153

29. Which of the following procedures as routine technique for karyotyping using light microscopy: (AI 2003)

- a. C-banding
- b. G-banding
- c. Q-banding
- d. Brd V-staining

Ref: Robbins 6/e p165, Harshmohan 5/e p22

30. Differential expression of same gene depending on parent of origin is referred to as: (AI 2005)

- a. Genomic imprinting
- b. Mosaicism
- c. Anticipation
- d. Nonpenetrance

Ref: Harrison's 16/e p375

31. Hereditary retinoblastomas develop the following chromosomal deletion: (AI 2003)

- a. 13 q 14
- b. 13 p14
- c. 14 p13
- d. 14 q 13

Ref: Harrison's 18/e p502

32. All the following diseases are associated with HLA B-27 & Uveitis, except: (AI 2000)

- a. Behcet's syndrome
- b. Psoriasis
- c. Ankylosing Spondylitis
- d. Reiter's syndrome

Ref: Harrison's 18/e p2801, 17/e p2132

33. Gluten sensitive enteropathy is most strongly associated with: (AI 2003)

- a. HLA-DQ2
- b. HLA-DR4
- c. HLA-DQ3
- d. Blood group 'B'

Ref: Harrison's 18/e p2470, 17/e p118

34. A patient of cystic fibrosis (homozygous) married a carrier (heterozygous). The chances of developing cystic fibrosis in the off springs is: (DP PGME 2010)

- a. 50% carriers, 50% affected
- b. 25% carriers, 75% affected
- c. 75% carriers, 25% affected
- d. All are carries

Ref: Harrison's 18/e p507, 2147, 17/e p1632

35. The chromosomal complement is persons with Klinefelter's syndrome is: (Rajasthan 2008)

- a. 45 XO
- b. 47 XXX

c. 46 XY

d. 47 XXY

Ref: Harrison's 18/e p3048, 515

36. Sexual infantilism is associated with:

- a. Pituitary tumors
- b. Gonadal aplasia
- c. Dwarfism
- d. All of the above

Ref: Harrison's 18/e p3046, 3047

37. Anticentromere antibody is seen in: (Rajasthan 2008)

- a. Diffuse scleroderma
- b. Dermatomyositis
- c. CREST
- d. Sjogren's syndrome

Ref: Harrison's 18/e p409, 431, 2737

38. In gene therapy which is used as vehicle? (Rajasthan 2009)

- a. E.coli
- b. Corynebacterium
- c. Adenovirus
- d. Pneumococcus

Ref: Harrison's 18/e p548, 1502

39. HCO_3^- is predominantly increased in: (Rajasthan 2009)

- a. Respiratory alkalosis
- b. Metabolic alkalosis
- c. Respiratory acidosis
- d. Metabolic acidosis

Ref: Harrison's 18/e p369, 370

40. A patient with normal parents while his maternal uncle suffers from disease. The mode of inheritance is: (UP 2011)

- a. Autosomal dominant
- b. Autosomal recessive
- c. X-linked dominant
- d. X-linked recessive

Ref: Harrison's 18/e p500-501

41. Which of the following laboratory studies is helpful to diagnose cystic fibrosis? (MP PG 2010)

- a. Serum IgE level
- b. Chromosomal study
- c. Serum amylase
- d. Sweat chloride test

Ref: Harrison's 18/e p2149, 2150, 17/e p1632

42. Hereditary Ataxia may be a feature of abnormality in interaction of vitamin E with: (MP PG 2009)

- a. LDL
- b. Chylomicron
- c. VLDL
- d. Lipoprotein (a)

Ref: Harrison's 18/e p3334, 17/e p2571

43. The gene located for cystic fibrosis is on: (MP PG 2008)

- a. Chromosome 7
- b. Chromosome 14
- c. Chromosome 21
- d. X chromosome

Ref: Harrison's 18/e p2147, 17/e p1632

Ans.	28. a. Acrocentric	29. b. G-banding	30. a. Genomic imprinting	31. a. 13 q 14
	32. a. Behcet's syndrome	33. a. HLA-DQ2	34. a. 50% carriers, 50%...	35. d. 47 XXY
	36. d. All of the above	37. c. CREST	38. c. Adenovirus	39. b. Metabolic alkalosis
	40. d. X-linked recessive	41. d. Sweat chloride test	42. c. VLDL	43. a. Chromosome 7

44. Which among the following is true regarding cystic fibrosis? (Kerala PG 09)
 a. URTI is commonly seen
 b. N-acetyl cysteine relieves symptoms
 c. DNA analysis is the gold standard
 d. Sterility is common in adults
Ref: Harrison's 18/e p2147, 17/e p1632
45. All are primary causes of hypogonadism except: (Kerala PG 2008)
 a. Klinefelter syndrome
 b. Cryptorchidism
 c. Diabetes mellitus
 d. Mumps orchitis
Ref: Harrison's 16/e p2194, 18/e 3018, 17/e p2317
46. Genetic defect in Klinefelter's syndrome? (MHPGM-CET 2009, 2010)
 a. XYY
 b. XXY
 c. XXX
 d. XO
Ref: Harrison's 18/e p3048, 17/e p2340
47. Which of the following is autosomal dominant disease? (Maharashtra 2011)
 a. Wilson's disease
 b. Hemochromatosis
 c. MEN 2
 d. All of the above
Ref: Harrison's 18/e p3162, 3075, 3188, 17/e p2362
48. The following diseases are caused by point mutation except:
 a. Haemochromatosis (Karnataka 2011)
 b. Achondroplasia
 c. Alpha 1 antitrypsin deficiency
 d. Hereditary sensory motor neuropathy type 1
Ref: Davidson's, 20/e p52
49. Diagnosis of X linked agammaglobulinemia should be suspected if: (DP PGMEET 2009)
 a. Absent tonsils and no palpable lymph nodes on physical examination
 b. Female sex
 c. High isohemagglutinins titers
 d. Low CD 3
Ref: Harrison's 18/e p2720, 17/e p2058
50. Which of the following is/are an example/examples of non-Mendelian inheritance? (DP PGMEET 2009)
 a. Genomic imprinting
 b. Uniparental disomy
 c. Mitochondrial inheritance
 d. All of the above
Ref: Harrison's 18/e p499, 501, 17/e p398-400, 16/e p374-376, 385-386
51. Which of the following drug should be avoided in G 6 PD deficiency: (Kerala PG 10)
 a. Chloroquine
 b. Vancomycin
 c. Nicorandil
 d. Hydralazine
Ref: Harrison's 18/e 879, 17/e p101-5

- Ans.** 44. d. Sterility is common... 45. c. Diabetes mellitus 46. b. XXY 47. c. MEN 2
 48. d. Hereditary sensory... 49. a. Absent tonsils and no... 50. d. All of the above 51. a. Chloroquine

12. MISCELLANEOUS

MISCELLANEOUS (QUESTIONS)

1. The serum concentration of which of the following human IgG subclass is maximum? (AI 2005)

a. IgG1
b. IgG2
c. IgG3
d. IgG4

Ref: Harrison's 17/e p2036

2. Which of the following best denotes classical complement pathway activation in immune inflammatory condition: (AIIMS 2000)

a. C2, C4 and C3 decreased
b. C2 and C4 normal, C3 is decreased
c. C3 normal and C2, C4 decreased
d. C2, C4, C3 all are elevated

Ref: Harrison's 18/e p1011

3. Antigen processing cells are all of the following, except: (AIIMS 02)

a. Astrocytes
b. Dendritic cells in lymphoid follicles
c. Reticulum cells of lymph nodes
d. Langerhan's cells

Ref: Robbin's 8/e p192

4. True statements are all, except: (AIIMS 2000)

a. Chromosome six harbours the gene for MHC
b. Genes encoding compliments are located adjacent to class I
c. Monocytes have MHC class II antigens on their surfaces
d. Class III MHC does not encode complement

Ref: Harrison's 18/e p2685-2687

5. Neonatal thymectomy leads to: (AIIMS 02)

a. Decreased size of germinal center
b. Decreased size of paracortical areas
c. Increased antibody production
d. Increased bone marrow production of Lymphocytes

Ref: Ananthmarayan 7/e p119

6. Regarding NK cells, false statement is: (AIIMS 01)

a. It is activated by IL-2
b. Expresses CD3 receptor
c. It is a variant of large lymphocyte
d. There is antibody induced proliferation of NK cells

Ref: Harrison's 14/e p1754 and See below

7. The following feature is common to both cytotoxic T cells and NK cells: (AIIMS 02)

a. Synthesize antibody
b. Require antibodies to be present for action
c. Effective against virus infected cells
d. Recognize antigen in association with HLA class II markers

Ref: Harrison's 18/e p2688, 2669

8. The marker for B lymphocyte is: (AIIMS 2000)

a. CD19
b. CD68

c. CD34
d. CD4

Ref: Harrison's 18/e p2652

9. IL-1 produces: (AIIMS 02)

a. T lymphocyte activation
b. Delayed wound healing
c. Increased pain perception
d. Decreased PMN release from bone marrow

Ref: Harrison's 18/e p2659 Table 314-7

10. IL-2 is produced by: (AIIMS 97, 2000)

a. T cells
b. B cells
c. Monocytes
d. Neutrophils

Ref: Harrison's 18/e p2659 Table 314-7

11. Ram Devi presented with generalized edema, sweating, and flushing tachycardia and fever after bee sting. This is: (AIIMS 01)

a. T cell mediated cytotoxicity
b. IgE mediated reaction
c. IgG mediated reaction
d. IgA mediated hypersensitivity reaction

Ref: Harrison's 18/e p2710

12. Adenosine deaminase deficiency is seen in the following: (AIIMS 01)

a. Common variable immunodeficiency
b. Severe combined immunodeficiency
c. Chronic granulomatous disease
d. Nezelof syndrome

Ref: Harrison's 18/e p2700

13. Adenosine deaminase (enzyme) deficiency is associated with: (AI 2005)

a. Severe combined immunodeficiency (SCID)
b. X-linked agammaglobulinemia
c. Transient hypogammaglobulinemia of infancy
d. Chronic granulomatous disease

Ref: Harrison's 16/e p1942

14. Recurrent Giardiasis is associated with: (AIIMS 2000)

a. Severe combined immunodeficiency
b. Common variable immunodeficiency
c. Digeorge syndrome
d. C8 deficiency

Ref: Harrison's 15/e p1849, 2059

15. Humoral immunodeficiency is suspected in a patient and he is under investigation. Which of the following infections would not be consistent with the diagnosis: (AIIMS Nov 04)

a. Giardiasis
b. Pneumocystis carinii pneumonia
c. Recurrent sinusitis
d. Recurrent subcutaneous abscesses

Ref: Harrison's 18/e p2699

Ans.	1. a. IgG1	2. a. C2, C4 and C3 decreased...	3. a. Astrocytes	4. d. Class III MHC does...
	5. b. Decreased size of...	6. d. There is antibody induced...	7. c. Effective against virus...	8. a. CD19
	9. a. T lymphocyte...	10. a. T cells	11. b. IgE mediated reaction	12. b. Severe combined...
	13. a. Severe combined...	14. b. Common variable...	15. b. Pneumocystis carinii...	

16. Ataxia telangiectasia is associated with all of the following except: (AI 2004)
 - a. Recurrent sinopulmonary infections
 - b. Lymphatic reticular malignancies
 - c. Increased fraction of IgA immunoglobulins
 - d. Insulin resistance

Ref: Harrison's 18/e p3344, 17/e p2057, 2058
17. Which one of the following is not used as a tumor marker in testicular tumors? (AI 2005)
 - a. AFP
 - b. LDH
 - c. HCG
 - d. CEA

Ref: Harrison's 18/e p652, Table 81-6
18. A 60 year old male presented to the emergency with breathlessness, facial swelling and dilated veins on the chest wall. The most common cause is: (AI 2003)
 - a. Thymoma
 - b. Lung cancer
 - c. Hodgkin's lymphoma
 - d. Superior vena caval obstruction

Ref: Harrison's 18/e p2266, 17/e p1730
19. A man presents with mass at duodenojejunal flexure invading renal papillae. Histopathology reports it as lymphoma; true statement is: (AI 2001)
 - a. II E stage
 - b. III E Stage
 - c. IV E stage
 - d. Staging cannot be done until bone marrow examination is performed

Ref: Meningot 10/e p1181
20. Which of the following viruses does not produce viral esophagitis? (DP PGME 2009)
 - a. Herpes simplex
 - b. Adenovirus
 - c. Varicella
 - d. Cytomegalovirus

Ref: Harrison's 18/e p2436, 17/e p1852-1853
21. Which of the following of drugs is not recommended in septic shock? (DP PGME 2009)
 - a. Normal saline
 - b. Activated protein C
 - c. Steroids
 - d. Rituximab

Ref: Harrison's 18/e p2223, 17/e p1699-1701
22. Which of the following manifestations is not a clinical manifestation of parvovirus infection? (DP PGME 2009)
 - a. Erythema infectiosum
 - b. Polyarthropathy
 - c. Pure red cell aplasia
 - d. Tropical spure

Ref: Harrison's 18/e p1435, 1478, 17/e p1116-1117
23. Which of the following conditions can produce hemothorax? (DP PGME 2009)
 - a. Myxoma
 - b. Congestive heart failure
 - c. Rheumatoid arthritis
 - d. Uremia

Ref: Harrison's 18/e p2180, 17/e p1763
24. The following are characteristics of central fever except that there is: (DP PGME 2010)
 - a. No diurnal variation
 - b. No sweating
 - c. Decreased response to external cooling
 - d. Resistant to antipyretics

Ref: Harrison's 17/e p1716
25. An indian adult who has never travelled abroad comes with a history of high fever, headache, jaundice, marked oliguria and shock with TLC of 16, 000/cumm. The most likely diagnosis is: (DP PGME 2010)
 - a. Viral hepatitis
 - b. Leptospirosis (Weil's disease)
 - c. Yellow fever
 - d. Haemolytic uraemic syndrome

Ref: Harrison's 18/e p1393-1395, 17/e p1050
26. In human body, which of the following trace elements is next to iron: (DP PGME 2010)
 - a. Ca²⁺
 - b. Zn²⁺
 - c. Cu²⁺
 - d. Selenium

Ref: OP Ghai 6/e p123
27. Drug of choice in intractable hiccoughs is: (DP PGME 2010)
 - a. Metoclopramide
 - b. Haloperidol
 - c. Thioridazine
 - d. Chlorpromazine

Ref: KDT 5/e p399, Internet
28. Sequestration lung is best diagnosed by: (DP PGME 2010)
 - a. C.T Scan
 - b. M. R. I
 - c. Barium swallow
 - d. Angiography

Ref: Sumer sethi 4/e p35
29. The most strongly implicated premalignant condition of the oral cavity is: (Comed K 2010)
 - a. Fordyce spots
 - b. Erythroplakia
 - c. Median rhomboid glossitis
 - d. Erythema multiforme

Ref: Harrison's 17/e p217, Table 32.1-32.4
30. Kyasanur Forest Disease (KFD) is transmitted by:
 - a. Fleas
 - b. Mosquitoes
 - c. Ticks
 - d. Mites

Ref: Harrison's 17/e p1236, Table 189-4
31. In primary immune deficiency the following plasma protein fraction is reduced: (Comed K 2010)
 - a. α-1-globulin
 - b. α-2-globulin
 - c. β-globulin
 - d. γ-globulin

Ref: Harrison's 18/e p2696 Textbook of microbiology, CP Baveja, 3/e p147

Ans.	16. c. Increased fraction...	17. d. CEA	18. d. Superior vena caval...	19. c. IV E stage
	20. b. Adenovirus	21. c. Steroids	22. d. Tropical spure	23. d. Uremia
	24. c. Decreased...	25. b. Leptospirosis...	26. b. Zn ²⁺	27. d. Chlorpromazine
	28. d. Angiography	29. b. Erythroplakia	30. c. Ticks	31. d. g-globulin

32. Which of the following is TRUE regarding classical spontaneous bacterial peritonitis? (Comed K 2010)

- Ascitic fluid neutrophil count is $> 250/\text{cu mm}$
- Bowel perforation should be present
- Multiple organisms are isolated from ascetic fluid
- Board like rigidity is present in abdomen

Ref: Harrison's 17/e p1979

33. Fresh water swimming can lead to: (Comed K 2010)

- Brucellosis
- Leptospirosis
- Babesiosis
- Lassa fever

Ref: Harrison's 18/e p1393

34. Which of the following components is not considered in the definition of 'Metabolic syndrome'? (DP PGME 2009)

- High LDL
- Low HDL
- Abdominal obesity
- Hypertension

Ref: Harrison's 18/e p1992, 17/e p1509-1510

35. Heyde's syndrome is: (Comed K 2010)

- Mitral stenosis, arthritis and biliary cirrhosis
- Mitral regurgitation, hiatus hernia and cirrhosis
- Aortic stenosis, gastrointestinal bleeding and angiodysplasia of colon
- Pulmonary arterial hypertension, tricuspid regurgitation and cirrhosis

Ref: http://en.wikipedia.org/wiki/Heyde's_syndrome

36. All the following statements are TRUE regarding methyl alcohol poisoning except: (Comed K 2010)

- It is characterized by high anion gap acidosis
- It causes ocular toxicity
- It causes high osmolal gap
- Concurrent ethanol ingestion worsens the clinical features

Ref: Harrison's 18/e p366, KD Tripathi, 6/e p387; Davidson's 20/e p219

37. Which of the following is NOT used in post exposure prophylaxis for HIV? (Comed K 2010)

- Zidovudine + Zalcitabine
- Nelfinavir
- Stavudine + Didanosine
- Acyclovir

Ref: KD Tripathi, 6/e p776

38. Hepatitis B virus is NOT present in: (Comed K 2010)

- Milk
- Sweat
- Stool
- Lymph

39. A 20-year-old male presents with fever, fatigue, posterior cervical lymphadenopathy, palatal petechiae and splenomegaly. Peripheral smear shows atypical lymphocytes and heterophile antibody is positive. The likely diagnosis is:

- Acute leukemia
- Lymphocytic leukemia

- Infectious mononucleosis
- Chronic myeloid leukemia

Ref: Davidson's 20/e p307; Harrison's 17/e p1108, 18/e p1467-1468

40. Mental retardation is NOT a feature of one of the Mucopolysaccharidoses: (Comed K 2011)

- Hurler MPS-I
- Hunter MPS -II
- Sanfillipo MPS -III
- Morquio MPS —IV

Ref: Harrison's 17/e p2452, table 355-1

41. Wernicke's hemianopic pupillary response is seen in lesion of: (Comed K 2011)

- Optic tract
- Optic chiasm
- Optic radiation
- Lateral geniculate body

Ref: Parson 19/e p528, 120

42. Dissociated sensory loss is seen in: (Comed K 2011)

- Syringomyelia
- Vitamin B12 deficiency
- Transverse myelitis
- Pellagra

Ref: Davidson's 21/e p1157

43. All of the following immunosuppressives cause profound myelosuppression except: (Comed K 2011)

- Sirolimus
- Cyclosporine
- Azathioprine
- Mercaptopurine

Ref: KD Tripathi, 6/e p839

44. Localization in insulinoma is best with: (Comed K 2011)

- Contrast Computerised Tomography
- Magnetic Resonance Imaging
- Somatostatin Receptor Scintigraphy
- Selective arteriography

45. Hallervorden-Spatz disease: (AP 2011)

- Is an iron storage disorder in brain
- Most commonly occurs in adults
- Relentlessly non progressive disease
- Inherited as Autosomal dominant

46. HIV classification 4 doesn't include?

- Oral candidiasis
- Pneumocystis carini pneumonia
- Wasting syndrome
- Invasive cervical carcinoma

Ref: Harrison's 18/e p1506, 1507

47. Menkes syndrome is a disorder of: (AP 2011)

- Copper transport
- Iron Transport
- Sodium transport
- Potassium Transport

Ref: Harrison's 18/e p604

Ans.	32. a. Ascitic fluid...	33. b. Leptospirosis	34. a. High LDL	35. c. Aortic stenosis...
	36. d. Concurrent ethanol...	37. d. Acyclovir	38. d. Lymph	39. c. Infectious mononucleosis
	40. d. Morquio MPS —IV	41. a. Optic tract	42. a. Syringomyelia	43. b. Cyclosporine
	44. d. Selective...	45. a. Is an iron storage disorder...	46. a. Oral candidiasis	47. a. Copper transport

48. Not caused by echo virus? (AP 2011)
 a. Herpagina
 b. Pleurodynia
 c. Hemorrhagic fever
 d. Myocarditis

Ref: Harrison's 18/e p1028

49. Patient on risperidone case: (AP 2011)
 a. Weight loss
 b. Neuroleptic malignant syndrome
 c. Hypopigmentation
 d. Prolactin deficiency

Ref: Harrison's 18/e p144, 3333

50. All of the following are known to worsen hyperkalemia: (AP 2010)
 a. Spironolactone
 b. ACE inhibitors
 c. Furosemide
 d. Amiloride

51. All are true statements about "Beheet's syndrome" except: (AP 2010)
 a. Recurrent aphthous ulceration are a sine qua non for the diagnosis
 b. In endemic areas the syndrome is associated with HLA-B5
 c. Neurological involvement are seen in 5-10%
 d. Superficial or deeper peripheral vein thrombosis

Ref: Harrison's 18/e p2801

52. Which one of the following drugs is the most common cause of progressive multifocal leukoencephalopathy? (AP 2010)
 a. Natalizumab
 b. Cituximab
 c. Rituximab
 d. Bevacizumab

Ref: Harrison's 18/e p3427

53. Antidote of paracetamol is: (AP 2010)
 a. N-acetylcysteine
 b. Methylene blue
 c. EDTA
 d. No effective antidote known

Ref: Goodman Gilman 11/e p694

54. Pseudoporphyria can be induced by all except: (AP 2010)
 a. Methotrexate
 b. Infliximab
 c. Naproxen
 d. 5-Fluorouracil

Ref: Harrison's 18/e p414, 415

55. Which match is not correct? (AP 2010)
 a. SLE – APL
 b. Kawasaki disease – Aneurysms
 c. Behcet's – Venous thrombosis
 d. Wegener's – ANCA

Ref: Harrison's 18/e p2723, 2727

56. Management of febrile neutropenic patients on anti cancer therapy include all except: (AP 2010)

- a. Colony stimulating factors
 b. Transfusion of granulocytes
 c. Antibiotic Prophylaxis
 d. Repeated hand washing

57. Corpulence index means: (Rajasthan 2008)
 a. Measurement of copper level in the serum
 b. Measurement of obesity
 c. Measurement of iron loss in faeces
 d. Pressure difference between various chambers of the heart

Ref: Park 20/e p348

58. Which of the following statement is false? (Rajasthan 2008)
 a. Sleepapneas can be central (CSA) or obstructive (OSA)
 b. In CSA the neural drive to all respiratory muscles is transiently abolished
 c. In OSA airflow ceases despite continuing respiratory drive because of occlusion of oropharyngeal airway
 d. None of the above

Ref: Harrison's 18/e p220, 2189, 2190

59. Pariarteriole space is formed in spleen by: (Rajasthan 2008)
 a. T lymphocyte
 b. B lymphocyte
 c. Rete
 d. Macrophage

Ref: Gray's Anatomy 40/e p1194

60. On the basis of BMI obesity is labelled at: (Rajasthan 2008)
 a. 20
 b. 25
 c. 30
 d. 18

Ref: Harrison's 18/e p608, 622, 630

61. What is the eosinophil count for hypereosinophilic syndrome? (Rajasthan 2008)
 a. > 1500/ml
 b. > 500
 c. > 1000
 d. > 2000

Ref: Harrison's 18/e p481, 3459

62. Which is false about α 1-antitrypsin? (Rajasthan 2008)
 a. α 1-antitrypsin is mainly produced in Liver
 b. Mutation that causes severe α 1-antitrypsin deficiency SERPINA1 genen
 c. SERPINA 1 gene was formerly known as PI
 d. None of the above

Ref: Harrison's 18/e p2152-2153, 497, 524

63. Pneumatocoele is seen in:
 a. Staphylococcus
 b. Streptococcus
 c. Pneumococcus
 d. Klebsiella

Ref: Harrison's 18/e p1164

Ans.	48. c. Hemorrhagic fever	49. b. Neuroleptic malignant...	50. c. Furosemide	51. Is none
	52. a. Natalizumab	53. a. N-acetylcysteine	54. a. Methotrexate	55. a. SLE – APL
	56. b. Transfusion of...	57. b. Measurement of obesity	58. d. None of the above	59. a. T lymphocyte
	60. b. 25	61. a. > 1500/ml	62. d. None of the above	63. a. Staphylococcus

64. **Human mast cells originate from:** (Rajasthan 2008)
 a. CD34+
 b. CD 4+
 c. CD 8+
 d. All of the above
65. **Hamman's CRUNCH is seen in:** (Rajasthan 2009)
 a. Caries tooth
 b. Fracture mandible
 c. Mediastinal emphysema
 d. Nieman pick-diseases
66. **Which of the following does not cause obesity?**
 a. Prader willi (Rajasthan 2009)
 b. Laurence moon biedil
 c. Carpenter
 d. Denys Drash
67. **Which is integrase inhibitor in HIV therapy:** (Rajasthan 2009)
 a. Maraviroc
 b. Enfuvirtide
 c. Raltegravir
 d. Tegaserode
Ref: Harrison's 18/e p158, 1850
68. **A person came from visiting Thailand which is chemoprophylaxis for malaria:**
 a. Primaquine
 b. Chloroquine
 c. Artemether
 d. Mafloquine
Ref: Harrison's 18/e p1703-1705
69. **Which of the following carcinoma is associated with Nickel:** (Rajasthan 2009)
 a. Lung
 b. Larynx
 c. Ethmoid
 d. Nasopharynx
Ref: Harrison's 18/e p656, 733, 737
70. **Indication for changing retroviral drug are all except:**
 a. <1 log drop in plasma HIV RNA by 4 week following the initiation of therapy (Rajasthan 2009)
 b. Side effect
 c. Clinical deterioration
 d. CD4 count <200
Ref: Harrison's 18/e p1582; Table 189-24
71. **Which complication will occur in neurosyphilis after 25-30 years?** (Rajasthan 2009)
 a. Meningeal syphilis
 b. General paresis
 c. Meningovascular syphilis
 d. Tabes dorsalis
Ref: Harrison's 18/e p1384, 3375
72. **Para neoplastic syndrome are all except:** (Rajasthan 2009)
 a. Progressive multi focal leukoencephalopathy
 b. Amyotrophic lateral sclerosis
 c. Cerebellar degeneration
 d. Opsoclonus – myoclonus
Ref: Harrison's 18/e p826, 830
73. **Commonest site of metastases in:** (Rajasthan 2009)
 a. Lung
 b. Brain
 c. Liver
 d. Kidney
Ref: Harrison's 18/e p773, 785
74. **Arsenic is associated with increased risk of:** (Rajasthan 2009)
 a. Mesothelioma
 b. Melanoma
 c. Basal cell carcinoma
 d. Squamous cell carcinoma
Ref: Harrison's 18/e p2123, 2124
75. **The most common ophthalmic affection of diphtheria is:** (Rajasthan 2009)
 a. Plois
 b. Total ophthalmoplegia
 c. Isolated ocular palsies
 d. Ophthalmoplegia externa
Ref: Harrison's 18/e p1190
76. **Which of the following is the commonest infection which causes blindness in adult men:** (Rajasthan 2009)
 a. Toxocara
 b. Toxoplasma gondii
 c. Tenia solium
 d. Plasmodium falciparum
Ref: Harrison's 18/e p229, 1724, 1726
77. **The transmission of AIDS transplacentally:** (Rajasthan 2009)
 a. 10-20%
 b. 20-30%
 c. 30-40%
 d. 40-50%
Ref: Harrison's 18/e p956, 1585
78. **True about HIV in the neonate includes all the following except:** (Rajasthan 2009)
 a. Cannot be diagnosed accurate by current methods
 b. Failure to thrive may be presentation
 c. Transmission rate during pregnancy exceeds 90%
 d. Transmission vertically from mother
Ref: Harrison's 18/e p976-977, 1519, 1585
79. **Infant of HI V +ve mother, which should be done:** (Rajasthan 2009)
 a. BCG vaccine should not be give
 b. Azt therapy
 c. Separation from mother
 d. Other than BCG.all over vaccines are given
Ref: Harrison's 18/e p61, 53

Ans.	64. a. CD34+	65. c. Mediastinal emphysema	66. d. Denys Drash	67. c. Raltegravir
	68. b. Chloroquine	69. c. Ethmoid	70. d. CD4 count <200	71. d. Tabes dorsalis
	72. a. Progressive multi...	73. c. Liver	74. a. Mesothelioma	75. c. Isolated ocular palsies
	76. b. Toxoplasma gondii	77. c. 30-40%	78. a and b	79. b. Azt therapy

80. MC complication of chicken pox in children:

- a. Encephalitis (Rajasthan 2009)
- b. Sec.bacterial infection
- c. Pneumonia
- d. Otitis media

Ref: Harrison's 18/e p1463, 1464

81. True about koilocytosis:

(Rajasthan 2009)

- a. Glycogen containing cells
- b. Cytopathic effect of virus
- c. HPV
- d. HSV

Ref: Harrison's 18/e p1482

82. True about chicken pox:

(Rajasthan 2009)

- a. IP.2-3 days
- b. Scabs are infective
- c. Centrifugal rash
- d. Rash appears of first day

Ref: Harrison's 18/e p415, 1463

83. Which positive test done not necessarily indicate HIV infection in a newborn?

(Rajasthan 2009)

- a. ELISA for HIV IgG antibody
- b. p24 antibody
- c. Virus culture
- d. ELISA for HIV I Ga antibody

Ref: Harrison's 18/e p1538

84. Rosela infantum can be caused by:

(Rajasthan 2009)

- a. Herpes virus 6
- b. Parvovirus B 19
- c. Echovirus 19
- d. All

Ref: Harrison's 18/e p148, 149

85. Which of the following test is prognostic value in syphilis disease:

(UP 2011)

- a. TPI
- b. FTA-ABS
- c. VDRL
- d. TPHA test

Ref: Harrison's 18/e p1384-1385

86. Most common presentation of obsessive compulsive disorder is:

(UP 2011)

- a. Symmetry
- b. Pathological behaviors
- c. Intrusive thought
- d. Contamination

Ref: Harrison's 18/e p3535; 17/e p344

87. All are true about Nosocomial infections except: (UP 2009)

- a. Reduces host immunity of the Diabetes mellitus
- b. Tobacco - smoking
- c. Aspiration of GI material
- d. Endoscopy - aspiration cystoscopic

Ref: Harrison's 17/e p835

88. Medical disorder that mimic anxiety disorders are all except:

(UP 2009)

- a. Hyperthyroidism
- b. Pheochromocytoma
- c. Alcohol withdrawal
- d. Coronary artery disease

Ref: Neeraj Ahuja 6/e p98

89. All are true about Asteatotic eczema except:

(UP 2009)

- a. Also known as Xerotic eczema
- b. Pruritus
- c. Responds well to topical moisturizers
- d. Leads to premalignant condition

Ref: Harrison's 17/e p314; Roxburg 17/e p118-19

90. Magnesium deficiency can cause all, except:

(AP 2012)

- a. Impaired synthesis of 1, 25 (OH)₂D
- b. Cellular resistance to PTH
- c. Hypokalemia
- d. Hyperkalemia

Ref: Harrison's 18/e p370, 3105

91. Pemphigus vulgaris, antibodies against:

(UP 2006 and 2009)

- a. Basement membrane
- b. Intercellular substance
- c. Laminin membrane
- d. Sub epidermal

Ref: Harrison's 18/e p425

92. Treatment of Tinea versicolor are all except:

(UP 2009)

- a. Selenium sulfide
- b. Ciclopirox cream
- c. Ketoconazole
- d. Corticosteroid

Ref: Harrison's 17/e p1263

93. Folic acid supplementation is to reduce:

(UP 2009)

- a. Neural tube defects
- b. Cleft palate and harelip
- c. omocystinuria
- d. All of the above

Ref: Harrison's 17/e p645 - 651

94. All of the following are major features to diagnose atopic Dermatitis except:

(MP PG 2010)

- a. Pruritus
- b. Family history
- c. History of asthma
- d. Pityriasis alba

Ref: Harrison's 17/e p218

95. The most common from of drug rash is:

(MP PG 2010)

- a. Exanthematic
- b. Fixed drug eruption (FDE)
- c. Steven Johnson Syndrome (SJS)
- d. Urticarial

Ref: Harrison's 17/e p345

Ans.	80. b. Sec. bacterial...	81. c. HPV	82. d. Rash appears of first day	83. a. ELISA for HIV IgG antibody
	84. d. All	85. c. VDRL	86. d. Contamination	87. b. Tobacco - smoking
	88. c. Alcohol withdrawal	89. d. Leads to premalignant...	90. d. Hyperkalemia	91. b. Intercellular substance
	92. d. Corticosteroid	93. d. All of the above	94. d. Pityriasis alba	95. a. Exanthematic

96. Patch test is best read at: (MP PG 2010)
 a. 1 days
 b. 2 days
 c. 3 days
 d. 4 days
Ref: Harrison's 17/e p312
97. A sexually active male comes with multiple painful ulcers, what is the most likely diagnosis: (MP PG 2010)
 a. Chancre
 b. Chancroid
 c. Lymphogranuloma
 d. Aphthosis
Ref: Harrison's 17/e p215, 832, 18/e p1108, Table 130-7
98. Penicillamine is an antimetabolite of: (MP PG 2009)
 a. Vitamin B1
 b. Vitamin B6
 c. Folic Acid
 d. Cyanocobalamin
Ref: Harrison's 18/e p599; Goodman Gilman's pharmacology 11/e p1771
99. Which one of the following statements regarding hyperuricemia in malignancy is false?: (MP PG 2009)
 a. It poses a major problem in myeloproliferative disorder
 b. It is commonly encountered in solid tumours following systematic chemotherapy
 c. Vigorous hydration and diuresis is the cornerstone in treatment
 d. Alkalinisation of urine should be maintained
Ref: Harrison's 17/e p1736
100. The most commonly associated tumor marker in embryonal carcinomas and yolk sac tumors is: (MP PG 2009)
 a. Carcino Embryonic Antigen (CEA)
 b. Placental alkaline phosphatase (PAP)
 c. Alpha Fetoprotein (AFP)
 d. Cancer Antigen 15-3 (CA 15-3)
Ref: Robbins Basis 7/e p338
101. "Pellagra" like skin lesions occurs with: (MP PG 2008)
 a. Systemic Mastocytosis
 b. Bronchial carcinoid
 c. Colorectal villous adenoma
 d. Medullary thyroid carcinoma
Ref: Harper's 27/e p458
102. Which structure involvement is uncommon in "churgstomuss syndrome"? (MP PG 2008)
 a. Skin
 b. Lungs
 c. Kidney
 d. Periphereal nerve
Ref: Harrison's 17/e p2124
103. Which channel is defective in "Malignant Hyper pyrexia"? (MP PG 2008)
 a. Sodium
 b. Potassium
 c. Calcium
 d. Magnesium
Ref: Harrison's 17/e p118, 18/e p144
104. "Anhedonia" means: (MP PG 2008)
 a. Lack of interest
 b. Panic attacks
 c. Phobic attack
 d. Mood swings
Ref: N. Ahuja 5/e p56, 58
105. Among the following, earliest test to be positive in leptospirosis is: (MP PG 2008)
 a. Microagglutination test (MAT)
 b. Leptospira culture of blood
 c. IgM ELISA of serum
 d. Macroagglutination test
Ref: Harrison's 17/e p1050
106. All the following third generation cephalosporins have significant activity against Pseudomonas Species except:
 a. Cefoperazone
 b. Ceftazidime
 c. Cefotaxime
 d. Cefepime
Ref: Harrison's 17/e p952, 18/e p1269, Table 152-2
107. 3 % hypertonic saline contains which of the following sodium concentration in mEq per litre?
 a. 510
 b. 512
 c. 514
 d. 516
Ref: A.K. Jain's physio 3/e p26, 30
108. 14 years old girl with fever diarrhea, pneumonia, confusion, organism responsible: (WB PG 08)
 a. Meningococcus
 b. Streptococcus
 c. Pneumococcus
 d. Legionella
Ref: Harrison's 17/e p943, 18/e p1238
109. A person got needle prick with HIV positive blood; prophylaxis:
 a. Zidovudine + Lamivudine + Indinavir
 b. Zidovudine + Stavudine
 c. Stavudine + Didanosine
 d. Lamivudine + Didanosine
Ref: KDT 6/e p776; Harrison's 17/e p1201, 18/e p1583
110. Most Common Nosocomial infection: (WB PG 08)
 a. UTI
 b. Pneumonia
 c. Wound infection
 d. Bed sore
Ref: Harrison's 17/e p837-838
111. Diagnostic criteria for SIRS include all except: (Kerala PG 09)
 a. Hypotension
 b. Tachycardia
 c. Tachypnoea
 d. Leucocytosis
Ref: Harrison's 18/e p2223, Table 271-1

Ans.	96. b. 2 days	97. b. Chancroid	98. b. Vitamin B6	99. b. It is commonly encountered...
	100. c. Alpha Fetoprotein...	101. b. Bronchial carcinoid	102. a. Skin	103. c. Calcium
	104. a. Lack of interest	105. c. IgM ELISA of serum	106. c. Cefotaxime	107. d. 516
	108. d. Legionella	109. a. Zidovudine + Lamivudine...	110. a. UTI	111. a. Hypotension

112. Bioterrorism group A organism are all except:

- a. Ebola (Kerala PG 09)
- b. Botulism
- c. Rickettsia
- d. Yersinia

Ref: Harrison's 17/e p1343, 18/e p1769, Table 221-2

113. Which of the following is a vector for Dengue fever:

- a. Aedes aegypti (Kerala PG 09)
- b. Culex
- c. Anophelous
- d. Mansonia

Ref: Harrison's 17/e p1230

114. Disease due to deficiency of B Complex vitamins is:

- a. Pellagra (Kerala PG 09)
- b. Night blindness
- c. Osteomalacia
- d. Spinocerebellar ataxia

Ref: Harrison's 17/e p442

115. All the drugs are used in the treatment of Giardiasis except:

- a. Nitazoxanide (Kerala PG 09)
- b. Metronidazole
- c. Tinidazole
- d. Diloxanide furoate

Ref: Harrison's 17/e p1313, 18/e p1731

116. False about lymphoma in AIDS patients: (Kerala PG 09)

- a. Intranodal
- b. Extranodal
- c. Highly aggressive
- d. Less responsive to treatment

Ref: Harrison's 17/e p1188, 1189

117. Most common test for HIV is: (Kerala PG 09)

- a. ELISA
- b. Western blot
- c. Northern blot
- d. Virus isolation

Ref: Harrison's 17/e p1165

118. In septicaemia all are bad prognostic signs except:

- a. Hypoxia (Kerala PG 09)
- b. Lactate levels
- c. Leucocytosis
- d. Hypoglycemia

Ref: Harrison's 17/e p1696, 18/e p2228

119. All of the following are true regarding drug induced lupus except: (Kerala PG 10)

- a. Anti histone antibodies present
- b. Rarely anti ds DNA positive
- c. Renal failure

Ref: Harrison's 17/e p2284 table 338-6

120. 20 year old male brought to casualty in state of Coma. RBS-493, Na-140 K-4meq/l op2 90 pco2 10. Treatment should include all except? (Kerala PG 10)

- a. IV dextrose
- b. IV normal saline
- c. Insulin
- d. IV potassium

Ref: Harrison's 17/e p2284; Table 338-6

121. 50 year old male brought in coma, BP-220/140mmHg, Pulse-100/mt, No FND taken-normal study; Treatment should include: (Kerala PG 10)

- a. S/c nifedipine
- b. IV Na nitroprusside
- c. Oral Amlodipine
- d. IV Mannitol

122. 25 year old male presented with high grade fever & hypotension Hb-5g% Tc-9000/mm3 DC-P2 L96 E2 treatment should include all except? (Kerala PG 10)

- a. Oral ciprofloxacin
- b. Packed cell transfusion
- c. IV ciprofloxacin
- d. Colony stimulating factor

Ref: Harrison's 17/e p539

123. Photosensitive reaction is caused by all except: (UP 2009)

- a. Chlorpromazine
- b. Thiazide quinolones
- c. Piroglitazone
- d. Tetracycline

Ref: Goodman Gilman 11/e p481, 1741, 756

124. Conus lesion characterised by? (Kerala PG 10)

- a. Early loss of ankle jerk
- b. Rectal Pain
- c. Loss of anal reflex
- d. Loss of Potency

Ref: Harrison's 17/e p2589, 18/e, p3367

125. Which one of the following is NOT a 5HT receptor antagonist? (AP 2012)

- a. Ketanserin
- b. Methysergide
- c. Tropisetron
- d. Lanreotide

Ref: Goodman Gilman 11/e p312, 313, 1001

126. Which is true about Diaphragmatic Paralysis?

(Rajasthan 2008)

- a. The most common cause of "Unilateral paralysis of diaphragm" is nerve invasion from malignancy
- b. "Sniff test" is used for the confirmation of unilateral paralysis of diaphragm
- c. Most patients presented with hypercapnic respiratory failure, atelectasis & pneumonia
- d. All of the above

127. In significant bacteriuria, count will be: (Kerala PG 10)

- a. $> 10^5$ /ml.
- b. $> 10^3$
- c. $> 10^2$
- d. $> 10^4$

Ref: Harrison's 18/e p2393

Ans. 112. c. Rickettsia	113. a. Aedes aegypti	114. a. Pellagra	115. d. Diloxanide furoate
116. d. Less responsive...	117. a. ELISA	118. c. Leucocytosis	119. c. Renal failure
120. a. IV dextrose	121. b. IV Na nitroprusside	122. a. Oral ciprofloxacin	123. c. Piroglitazone
124. c. Loss of anal reflex	125. d. Lanreotide	126. d. All of the above	127. a. $> 10^5$ /ml

128. All are viral causes of PUO except: (Kerela PG 2008)
 a. EBV
 b. CMV
 c. HIV
 d. Leptospirosis
Ref: Harrison's 18/e p161; Table 18-3
129. Which of the following is the drug of choice for oropharyngeal and esophageal candidiasis: (Kerela PG 2008)
 a. Fluconazole
 b. Nystatin
 c. Amphotercin
 d. Griseofulvin
Ref: Harrison's 16/e p1187, 17/e p1255, 18/e p1653 Table 203-1
130. All of the following conditions will have hypermetabolic state except: (Kerela PG 2008)
 a. Accident
 b. Burns
 c. PEM
 d. Anorexia nervosa
Ref: Harrison's 16/e p412, 17/e p477
131. Deficiency of vit D will cause: (Kerela PG 2008)
 a. Scurvy
 b. Rickets
 c. Phrynoderma
 d. Beri beri
Ref: Harrison's 17/e p2375
132. Kaposi's sarcoma is associated with: (Kerela PG 2008)
 a. Bronchial asthma
 b. HIV
 c. Hepatitis B
 d. Hairy cell leukaemia
Ref: Harrison's 16/e p1120; 1121; 17/e p1113; 18/e p1564
133. Hospital acquired pneumonia is infection occurring after how many days of hospital admission? (Kerela PG 2008)
 a. 1 days
 b. 2 days
 c. 4 days
 d. 1 week
Ref: Harrison's 16/e p1538, 17/e p1619
134. Acute gonococccemia is also called purpura fulminans because: (Kerela PG 2008)
 a. DIC is present
 b. Leads to the formation of purpura or petechiae
 c. Most important cause of septic shock
 d. The purpura is
Ref: Harrison's 16/e p710, 851; 17/e p910; 18/e p155 Table 17-1
135. Neuroleptic malignant syndrome can be treated by: (MHPGM-CET 2010)
 a. Dantrolene
 b. Bromocryptine
 c. Nifedipine
 d. All of the above
Ref: Harrison's 17/e p121; 18/e p3333
136. Erythema multiforme can be caused by following except? (MHPGM-CET 2010)
 a. Sulfonamides
 b. Mycoplasma
 c. Herpes
 d. Leprosy
Ref: Harrison's 17/e p328
137. Neurogenic tumor occurs most commonly in: (MHPGM-CET 2010)
 a. Anterior mediastinum
 b. Middle mediastinum
 c. Posterior mediastinum
 d. Superior mediastinum
Ref: Harrison's 17/e p1660
138. Calymmatobacter granulomats causes: (MHPGM-CET 2010)
 a. Cat scratch disease
 b. Condyloma lata
 c. Donovaniasis
 d. Chancre
Ref: Harrison's 17/e p991
139. Which of the following is not a Non-nucleoside reverse transcriptase inhibitor? (MHPGM-CET 2010)
 a. Zalcitabine
 b. Lamivudine
 c. Nevirapine
 d. Didanosine
Ref: Harrison's 17/e p1191; 18/e p1571 Table 182-18, Table 189-20
140. Which antimalarial drug is known to cause neuropsychiatric reaction as its adverse effect? (MHPGM-CET 2007, 2010)
 a. Artesunate
 b. Artemisinin
 c. Quinine
 d. Mefloquine
Ref: Harrison's 17/e p1288; 18/e p Table 210-7
141. Which of the following anti-malarial drugs kills all stages of gametocytes? (MHPGM-CET 2010)
 a. Quinine
 b. Mefloquine
 c. Artesunate
 d. Primaquine
Ref: Harrison's 17/e p1289; Table 203-7
142. Hypokalemia with hypertension is associated with following except: (MHPGM-CET 2010)
 a. Liddle's syndrome
 b. Conn's syndrome
 c. Bartter's syndrome
 d. Cushing's syndrome
Ref: Harrison's 18/e p2357, 2946, 2949; Table 284-2
143. First line drugs used for treating neuropathic pain are following except: (MHPGM-CET 2010)
 a. Lidocaine
 b. Gabapentin
 c. Duloxetine
 d. Opioids
Ref: Harrison's 18/e p101

Ans. 128. d. Leptospirosis	129. a. Fluconazole	130. d. Anorexia nervosa	131. b. Rickets
132. b. HIV	133. b. 2 days	134. a. DIC is present	135. d. All of the above
136. d. Leprosy	137. c. Posterior mediastinum	138. c. Donovaniasis	139. c. Nevirapine
140. d. Mefloquine	141. d. Primaquine	142. c. Bartter's syndrome	143. d. Opioids

144. Drug effective pharmacologic interventions for management of smoking cessation: (MHPGM-CET 2010)

- Bupropion
- Varenicline
- Clonidine
- All of the above

Ref: Harrison's 18/e p738

145. Which of the following can be given as a single weight-based intravenous bolus over 10 seconds?

- Tissue plasminogen activator (tPA) (Maharashtra 2011)
- Tenecteplase (TNK)
- Reteplase (rPA)
- Any of the above

Ref: Harrison's 17/e p1537

146. Best drug for chemoprophylaxis in a pregnant woman who is traveling to chloroquine resistant falciparum malaria endemic zone? (Maharashtra 2011)

- Mefloquine
- Doxycycline
- Ataquinone/Proguanil
- Primaquine

Ref: Harrison's 18/e p1703

147. Prazosin is effective in management of bite by?

- Viper snake (Maharashtra 2011)
- Naja Naja
- Mesobuthus tamulus
- All of the above

Ref: Harrison's 17/e p2752, 18/e p3581

148. AFP is tumor marker for? (Maharashtra 2011)

- Hepatoma
- Seminoma
- Neural tube defects
- All of the above

Ref: Harrison's 17/e p483

149. Henoch Schnlein Purpura is characterized by following except: (Maharashtra 2011)

- Palpable purpura
- Renal failure
- GIT hemorrhage
- Thrombocytopenia

Ref: Harrison's 17/e p2128

150. Normal body mass index is: (Karnataka 2010)

- 18.5 to 24.99
- 15 to 18
- 25.00 to 29.99
- Greater than 30

Ref: Davidson's 20/e p113, Table 5.23

151. Hyperthermia is defined as: (Karnataka 2010)

- Core temperature > 40.0°C
- Core temperature > 41.50°C
- Elevated temperature that normalizes with anti-pyretics

- Uncontrolled increase in body temperature despite a normal hypothalamic temperature setting

Ref: Harrison's 17/e p201, 18/e p143

152. The other name for dengue fever is:

- Break-bone fever (Karnataka 2010)
- Chikungunya
- Yellow fever
- Kyasanur-forest fever

Ref: Harrison's 17/e p1230, 18/e p1622

153. Mild steatorrhea is caused by: (Karnataka 2010)

- Trichomonas vaginalis
- Giardia lamblia
- E. Histolytica
- Entamoeba coli

Ref: Harrison's 18/e p1730

154. Acute infectious purpura fulminans is caused by:

- Neisseria meningitidis and Varicella
- Gonococci (Karnataka 2010)
- E. coli
- Proteus

Ref: Harrison's 18/e p1214, 155

155. Complement deficiency predisposes to infection with:

- Pseudomonas aeruginosa (Karnataka 2011)
- Cytomegalovirus
- Neisseria meningitidis
- Giardia lamblia

Ref: Harrison's 17/e p2043, and table 308-15: davidson's, 21/e p77

156. All the following are associated with obesity except:

- Hypothyroidism (Karnataka 2011)
- Cushing's syndrome
- Insulinoma
- Addison's disease

Ref: Harrison's 18/e p2919, 2946; Davidson's 21/e p117, box 5.25

157. Hutchinson's triad consists of Hutchinson's teeth, 8th nerve deafness and: (Karnataka 2011)

- Interstitial keratitis
- Saddle nose
- Clutton's joints
- Sabre tibiae

Ref: Harrison's 18/e p1384

158. Perifollicular & petechial haemorrhages are characteristic of: (Karnataka 2011)

- Acrodermatitis enteropathica
- Pellagra
- Scurvy
- Phrynoderma

Ref: Harrison's 17/e p445, 18/e p599

159. All are indications for splenectomy, except:

- Hereditary spherocytosis (Feb DP PGME 2009)
- Hairy cell leukemia
- ITP
- Chediak Higashi syndrome

Ref: Harrison's 18/e p599, 478

Ans. 144. d. All of the above	145. b. Tenecteplase (TNK)	146. a. Mefloquine	147. c. Mesobuthus tamulus
148. d. All of the above	149. d. Thrombocytopenia	150. a. 18.5 to 24.99	151. d. Uncontrolled increase...
152. a. Break-bone fever	153. b. Giardia lamblia	154. a. Neisseria meningitidis...	155. c. Neisseria meningitidis
156. d. Addison's disease	157. a. Interstitial keratitis	158. c. Scurvy	159. d. Chediak Higashi syndrome

160. A 23 years old woman has experienced episodes of myalgias, pleural effusion, pericarditis and arthralgias without joint deformity over course of several years. The best laboratory screening test to diagnose her disease would be:
a. CD lymphocyte count (Feb DP PGME 2009)
b. Erythrocyte sedimentation rate
c. Antinuclear antibody
d. Assay for thyroid hormones Ref: Harrison's 18/e p2728
161. The following are characteristic of tumor lysis syndrome, except: (J & K 2010)
a. Hyperkalemia
b. Hypocalcemia
c. Lactic acidosis
d. Hyperuricemia Ref: Harrison's 18/e p362
162. Which one of these is not the side effect of steroids? (J & K 2010)
a. Osteoporosis
b. Avascular necrosis of femoral head
c. Proximal myopathy
d. Lytic lesions in the bones Ref: Goodman Gilman 11/e p1604
163. Vitamin B12 is absorbed from: (J & K 2010)
a. Proximal small intestine
b. Mid small intestine
c. Distal small intestine
d. Stomach Ref: Harrison's 18/e p862
164. A primary tumor of which of these organs is least likely to metastasize to bone? (J & K 2010)
a. Breast
b. Colon
c. Kidney
d. Lung
165. Specific therapy for paracetamol poisoning is: (J & K 2010)
a. Oral lactulose
b. N-acetylcysteine
c. Methylprednisolone
d. Pantoprazole Ref: Goodman Gilman 11/e p694
166. Mycotic Aneurysm is caused by following organisms: (J & K 2010)
a. Fungus
b. Bacteria
c. Virus
d. Protozoa Ref: Harrison's 18/e p2061, 2065
167. Therapy of Toxoplasmosis include: (J & K 2010)
a. Artesunate
b. Ciprofloxacin
c. Pyrimethamine
d. Thiacetazone Ref: Harrison's 18/e p1725
168. Most sensitive marker of myocardial cell damage is: (J & K 2011)
a. Troponin
b. CK-MB
c. AST
d. Erythema marginatum Ref: Harrison's 18/e p2023-2024, 2016
169. Anaphylactoid reaction (non-IgE) mediated mast cell degranulation can occur on exposure to: (J & K 2011)
a. Opiates
b. Bee venom
c. Wasp venom
d. Penicillin Ref: Harrison's 18/e p3439
170. Which of the following is not a feature of heat stroke? (J & K 2011)
a. Multi organ failure
b. Shock
c. Profuse sweating
d. Confusion Ref: Harrison's 18/e p114
171. Antidote for Paracetamol poisoning is: (J & K 2011)
a. Desferrioxamine
b. Nalaxone
c. N-acetylcysteine
d. Calcium gluconate Ref: Goodman Gilman 11/e p694
172. Toxic shock syndrome is caused by: (J & K 2011)
a. Staphylococcus aureus only
b. Staphylococcus aureus and Group A Streptococci
c. Klebsiella
d. Pseudomonas Ref: Harrison's 18/e p1028
173. Oral drug effective in treatment of Kala azar is: (J & K 2011)
a. Paramomycin
b. Pentamidine
c. Miltefosine
d. Amphotericin Ref: Harrison's 18/e p1713
174. Which of the following is an AIDS defining illness? (J & K 2011)
a. Oral hairy leukoplakia
b. Recurrent Oropharyngeal candidiasis
c. HIV associated dementia
d. Herpes zoster Ref: Harrison's 18/e p1538
175. The dosing of tablet acyclovir for chicken pox in an average adult is: (J & K 2011)
a. 200 mg five times a day
b. 400 mg five times a day
c. 800 mg five times a day
d. 400 mg five times a day Ref: Harrison's 18/e p1465

Ans. 160. c. Antinuclear...	161. b. Hypocalcemia	162. d. Lytic lesions in the...	163. c. Distal small intestine
164. b. Colon	165. b. N Acetyl cysteine	166. b. Bacteria	167. c. Pyremathamine
168. a. Troponin T and I	169. a. Opiates	170. c. Profuse sweating	171. c. N-acetylcysteine (NAC)
172. b. Staph and...	173. c. Miltefosine	174. b. Recurrent...	175. c. 800 mg five times a day

176. The class of HIV commonest in India is: (J & K 2011)
- A
 - B
 - C
 - D

Ref: Harrison's 18/e p1510

177. All are true regarding hyper IgE syndrome except:
- Inheritance is as a single locus autosomal dominant trait with variable expression (DP PGME 2009)
 - Coarse facial features
 - Recurrent staphylococcal abscesses involving skin, lungs
 - High serum IgE with low IgG, IgA and IgM

Ref: Harrison's 18/e p482, 17/e p384, 2061

178. All are true about Wiskott-Aldrich syndrome except:
- Bloody diarrhea during infancy (DP PGME 2009)
 - Low IgM and elevated IgA and IgE
 - Large size platelets
 - Atopic dermatitis

Ref: Harrison's 18/e p2702, 17/e p384, 2060

179. Drug used to prevent niacin induced flushing is: (AP 2012)
- Paracetamol
 - Cetirizine
 - Aspirin
 - Dexamethasone

Ref: Harrison's 18/e p598

180. Septicemic shock with multi organ failure is treated by: (AP 2012)
- Adrenaline
 - Ephedrine
 - Phenylephrine
 - Nor-epinephrine

Ref: Harrison's 18/e p2223, 2228



Section B

PRACTICE QUESTIONS

(Comprising of Questions from Recent Exams and
NEET Pattern Questions)

MEDICINE

Practice Questions

1. Least commonly affected site in arterial thromboembolism is: (DNB 2013)
- Liver
 - Kidney
 - Heart
 - Brain

Ref: Internet

2. Most common lymph nodes involved in hodgkin's lymphomas is: (DNB 2013)
- Inguinal
 - Cervical
 - Axillary
 - Subclavian

Ref: Harrison's 18/e p934

3. Drug of choice for pneumocystis carinii is: (DNB 2013)
- Doxycycline
 - Cotrimoxazole
 - Tetracyclines
 - Dapsone

Ref: Harrison's 18/e p1672

4. Takayasu arteritis mainly affects: (DNB 2013)
- Pulmonary artery
 - Celiac artery
 - Subclavian artery
 - SMA

Ref: Harrison's 18/e p796

5. Bilateral upper limb pulse less disease is: (DNB 2013)
- Giant Cell Arteritis
 - Polyarteritis Nodosa
 - Aortoarteritis
 - HSP

Ref: Harrison's 18/e p2065

6. Which among the following is true about iron deficiency anemia: (DNB 2013)
- Increased Ferritin
 - Increased TIBC
 - Increased saturation
 - Macrocytic Hypochromic Anemia

Ref: Harrison's 18/e p848

7. Drug of choice for madura mycosis is: (DNB 2013)
- Imipenem
 - Dapsone
 - Itraconazole
 - Amikacin

Ref: Internet

8. Farmer's lung is caused due to exposure to: (DNB 2013)
- Bacillus subtilis
 - Thermoactinomyces sacchari
 - Aspergillus fumigatus
 - Penicillium nalgiovense

Ref: Harrison's 18/e p2117

9. Hypokalemia with hypertension is seen in: (DNB 2013)
- Bartter syndrome
 - Primary hyperaldosteronism
 - Primary hyperparathyroidism
 - Diuretic therapy

Ref: Harrison's 18/e p2049

10. Antihypertensive used in angina pectoris is: (DNB 2013)
- Alpha blocker
 - Beta blocker
 - Calcium channel blockers
 - ACE Inhibitors

Ref: Harrison's 18/e p2010

11. Herpes virus involves which lobe: (DNB 2013)
- Frontal
 - Parietal
 - Temporal
 - Occipital

Ref: Harrison's 18/e p1457

12. FEV1/FVC is decreased in: (DNB 2013)
- Asthma
 - Kyphosis
 - Scoliosis
 - Fibrosis

Ref: Harrison's 18/e p2092

13. Most common complication of cardiac catheterization: (DNB 2013)
- Arrhythmia
 - Hypertension
 - Vascular bleeding
 - Contrast reaction

Ref: Harrison's 18/e p1853-1854

14. Macrophage activation syndrome is seen in association with:
- Systemic sclerosis
 - Sweet's syndrome
 - Polyarteritis nodosa
 - SLE

Ref: Internet

15. True about Sipple syndrome (MEN type 2):
- MCT, Pheochromocytoma, Mucocutaneous neuromas
 - MCT, Pheochromocytoma, Parathyroid adenomas
 - MCT, Pheochromocytoma, Pancreatic tumours
 - MCT, Pheochromocytoma, Diabetes

Ref: Harrison's 18/e p3075

16. Specific antibody for SLE is:
- Anti Sm antibodies
 - Anti-ds DNA antibodies
 - Anti-Histone antibodies
 - Anti Ro (SS-A) antibodies

Ref: Harrison's 18/e p2726

Ans.	1. a. Liver	2. b. Cervical	3. b. Cotrimoxazole	4. c. Subclavian artery
	5. c. Aortoarteritis	6. b. Increased TIBC	7. c. Itraconazole	8. b. Thermoactinomyces...
	9. b. Primary...	10. b. Beta blocker	11. c. Temporal	12. a. Asthma
	13. c. Vascular bleeding	14. d. SLE	15. b. MCT,...	16. b. Anti-ds DNA antibodies

17. A 22 year female comes with complains of dyspnea and palpitations since 4 years shows verrucous vegetations of mitral valve. The condition is due to: (DNB 2013)

a. Libman Sachs endocarditis
b. Rheumatic endocarditis
c. Non bacterial endocarditis
d. Infective endocarditis

Ref: Harrison's 18/e p422, 1053

18. Pulsus bigeminy is seen in: (DNB 2013)

a. Digitalis
b. Beta Blockers
c. ACE Inhibitors
d. Calcium channel blockers

19. Antiepileptic of choice in Post diabetic peripheral neuropathy: (DNB 2013)

a. Pregabalin
b. Amitriptylene
c. Carbamazepine
d. Duloxetine

Ref: Harrison's 18/e p2984

20. Which of the following is associated with hypothyroidism in sub Himalayan region: (DNB 2013)

a. Cu
b. Fe
c. Zn
d. Se

Ref: Harrison's 18/e p604

21. Judkins technique used for: (DNB 2013)

a. Central venous line placement
b. Coronary arteriography
c. Renal angiography
d. Chest tube insertion

Ref: Harrison's 18/e p1854, 2005

22. Carcinoid of heart presents as: (DNB 2013)

a. Aortic stenosis
b. Tricuspid regurgitation
c. Mitral stenosis
d. Aortic regurgitation

Ref: Harrison's 18/e p3062

23. All are true about Diabetes mellitus except: (DNB 2013)

a. DKA is common in type II
b. HHS is primarily seen in individuals with type 2 DM
c. Serum sodium in DKA is 125 – 135 mmol/L
d. Serum bicarbonate in DKA is < 15 meq/L

Ref: Harrison's 18/e p2976

24. Increased uric acid production in tumour: (DNB 2013)

a. Increased purine degradation
b. Increased pyrimidine degradation
c. Denovo purine synthesis
d. Increased pyrimidine synthesis

Ref: Harrison's 18/e p3182

25. Cause of thick pancreatic secretions in cystic fibrosis:

a. Overproduction of mucin (DNB 2013)

b. Failure to clean mucin due to epithelial dysfunction
c. Defect in chloride channel leading to water reabsorption
d. Defect in sodium channel leading to water reabsorption

Ref: Harrison's 18/e p2148

26. Multi drug resistant tuberculosis is resistance to:

a. INH & Pyrizinamide (DNB 2013)
b. INH & Rifampicin
c. Rifampine & Pyrizinamide
d. Resistance to all

Ref: Harrison's 18/e p1341

27. Which ion channel is affected in hypokalemic periodic paralysis: (DNB 2013)

a. K⁺
b. Na⁺
c. Cl⁻
d. Ca²⁺

Ref: Harrison's 18/e p3504

28. HIV subtype seen in Africa is: (DNB 2013)

a. Subtype A
b. Subtype B
c. Subtype D
d. Subtype C

Ref: Harrison's 18/e p1510

29. Gaisbock syndrome is better known as: (DNB 2013)

a. Primary familial polycythemia
b. High-altitude erythrocytosis
c. Spurious polycythemia
d. Polycythemia vera

Ref: Harrison's 18/e p456

30. Neurotransmitter in striatal pathway is: (DNB 2013)

a. Glutamine
b. Glycine
c. Serotonin
d. Dopamine

Ref: Harrison's 18/e p3227

31. Loss of striatal fibres in caudate nucleus is associated with:

a. Huntington's disease (DNB 2013)
b. Parkinsons' disease
c. Charcotmarie tooth disease
d. Hemiballismus

Ref: Harrison's 18/e p3319

32. Dose of clonidine in suppression test done in pheochromocytoma is: (DNB 2013)

a. 0.3 mg
b. 10 mg
c. 100 mg
d. 200 mg

Ref: Harrison's 18/e p2963

33. Most common cause of Dilated cardiomyopathy is:

a. Alcohol (DNB 2013)
b. Viral infection
c. Pregnancy
d. Metabolic disease

Ref: Harrison's 18/e p1961

Ans.	17. a. Libman Sachs...	18. b. Beta Blockers	19. a and d	20. d. Selenium
	21. b. Coronary...	22. b. Tricuspid regurgitation	23. a. DKA is commoner...	24. a. Increased purine...
	25. b. Failure to clean...	26. b. INH & Rifampicine	27. d. Ca ²⁺	28. d. Subtype C
	29. c. Spurious	30. d. Dopamine	31. b. Parkinsons' disease	32. a. 0.3 mg
	33. a. Alcohol			

34. Esophageal motility disorder is best diagnosed by:

- a. Barium studies (DNB 2013)
- b. Esophagoscopy
- c. 24 hour pH monitoring
- d. Manometry

Ref: Harrison's 18/e p2428

35. Which of the following is true about pneumoconiosis:

- (DNB 2013)
- a. Pleural plaques of asbestosis is always symptomatic
- b. Silicosis is never associated with tuberculosis
- c. Asbestosis and smoking act synergistically to cause lung cancer
- d. Anthracosis causes lung cancer

Ref: Harrison's 18/e p2123

36. Osborne waves in ECG is seen in:

- (DNB 2013)
- a. Hypothyroidism
- b. Hypothermia
- c. Hypokalemia
- d. Hypercalcemia

Ref: Harrison's 18/e p1838

37. Most common LMN cause of Facial nerve palsy is:

- (DNB 2013)
- a. Trauma
- b. Bell's palsy
- c. Infections
- d. Vascular causes

Ref: Harrison's 18/e p3362

38. Aphasia which affects the arcuate fibres is called:

- (DNB 2013)
- a. Global aphasia
- b. Anomic aphasia
- c. Conduction aphasia

Ref: Harrison's 18/e p204, 205

39. Koenen's tumor is seen in:

- (DNB 2013)
- a. Neurofibromatosis
- b. Tuberous sclerosis
- c. Struge Weber syndrome
- d. Tuberculosis

Ref: Harrison's 18/e p2360, 3384

40. Patient present with fasting sugar as 167mg/dL, skin pigmentation and hypogonadism. His liver enzymes showed SGOT as 678 and SGPT as 692. Most probable diagnosis is:

- (DNB 2013)
- a. Alpha 1 antitrypsin deficiency
- b. Wilson's disease
- c. Hemochromatosis
- d. Glycogen storage disease

Ref: Harrison's 18/e p3165

41. All of the following cause Microcytic Hypochromic anemia except:

- (FMGE March 2013)
- a. Lead poisoning
- b. Thalassemia

- c. Iron deficiency anemia
- d. Fanconi's anemia

Ref: Harrison's 18/e p887-890

42. Transportation of Iron in forms of:

- (FMGE March 2013)
- a. Serum transferrin
- b. Serum ferritin
- c. Serum bilirubin
- d. Serum alkaline

Ref: Harrison's 18/e p844-845; 17/e p628-629

43. Splenectomy is most useful in:

- (FMGE March 2013)
- a. Thrombocytopenia
- b. Hereditary spherocytosis
- c. H.S. pupura
- d. Sickle cell anemia

Ref: Harrison's 18/e p875, 876; 17/e p655

44. Which is NOT seen in chronic case of sickle cell anemia:

- (FMGE March 2013)
- a. Hepatomegaly
- b. Pulmonary hypertension
- c. Splenomegaly
- d. Cardiomegaly

Ref: Harrison's 18/e p855; 17/e p638

45. All are features of ARDS except:

- (FMGE March 2013)
- a. Hypoxia
- b. Hypercapnia
- c. Pulmonary edema
- d. Stiff lungs

Ref: Harrison's 18/e p2205-2207; 17/e p1680, 1681

46. All are type I respiratory failure except:

- (FMGE March 2013)
- a. Interstitial lung disease
- b. Asthma
- c. COPD
- d. ARDS

Ref: Harrison's 18/e p2084-2086; 17/e p1583, 1584

47. ECG pattern seen in pulmonary embolism is:

- (FMGE March 2013)
- a. S3 Q3 T1
- b. S1 Q1 T3
- c. S1 Q3 T3
- d. S3 Q3 T3

Ref: Harrison's 18/e p2172; 17/e p1653

48. All are true about normal Parkinson's disease except:

- (FMGE March 2013)
- a. Spastic rigidity
- b. Tremor
- c. Acute lesion with drugs
- d. Preserved postural reflexes

Ref: Harrison's 18/e p3317-3321; 17/e p2550, 2551

49. In hepatic encephalopathy the EEG shows:

- (FMGE March 2013)
- a. α -activity waves
- b. δ (delta) – waves
- c. Rapid α – waves
- d. None of the above

Ref: Harrison's 17/e p1868

Ans.	34. d. Manometry	35. c. Asbestosis and...	36. b. Hypothermia	37. b. Bell's palsy
	38. c. Conduction aphasia	39. b. Tuberous sclerosis	40. c. Hemochromatosis	41. d. Fanconi's anemia
	42. a. Serum transferrin	43. b. Hereditary spherocytosis	44. c. Splenomegaly	45. b. Hypercapnia
	46. c. COPD	47. c. S1 Q3 T3	48. d. Preserved postural...	49. b. δ (delta) – waves

50. Giant A wave in JVP is seen in:

- a. Tachycardia (FMGE March 2013)
- b. Atrial ectopic
- c. 1st degree A-V block
- d. Complete heart block

Ref: Harrison's 18/e p1823; 17/e p1384

51. S4 is NOT seen in:

- a. Ventricular aneurysm (FMGE March 2013)
- b. Mitral regurgitation
- c. Hypertrophic cardiomyopathy
- d. Hypertension

Ref: Harrison's 18/e p1827; 17/e p1386

52. Earliest valvular lesion in a case of acute rheumatic fever is:

- a. MR (FMGE March 2013)
- b. AR
- c. MS
- d. AS

Ref: Harrison's 18/e p2753; 17/e p2094

53. Rheumatoid factor is mainly:

- a. Ig M (FMGE March 2013)
- b. Ig G
- c. Ig D
- d. Ig A

Ref: Harrison's 18/e p2746; 17/e p2088, 2155

54. Pulsus paradoxus is seen in all except:

- a. IPPV (FMGE March 2013)
- b. COPD
- c. Cardiac tamponade
- d. Constrictive pericarditis

Ref: Harrison's 18/e p1824; 17/e p1384

55. All are used in bronchial asthma except:

- a. Salbutamol (FMGE March 2013)
- b. Morphine
- c. Aminophylline
- d. Steroid

Ref: Harrison's 18/e p2110-2111; 17/e p1605

56. Most common cause of empyema is:

- a. Bronchopleural fistula (FMGE March 2013)
- b. Tubercular pneumonia
- c. Bacterial pneumonia
- d. Pleurisy

Ref: Harrison's 18/e p1156; 17/e p1658, 1659

57. Rasmussen's aneurysm arises from:

- a. Bronchial artery (FMGE March 2013)
- b. Pulmonary artery
- c. Vertebral artery
- d. Posterior intercostals artery

Ref: Churchill Livingstone Medical Dictionary by Booker 16/e p410;
Harrison's 18/e p1345

58. All of the following show low glucose in pleural fluid except:

- a. Empyema (FMGE March 2013)
- b. Malignant pleural effusion

- c. Rheumatoid pleuritis
- d. Dressler's syndrome

Ref: Harrison's 17/e p1658

59. All are true of Nephrotic syndrome except:

- a. RBC casts in urine (FMGE March 2013)
- b. Hypoproteinemia
- c. Oedema
- d. Hyperlipidemia

Ref: Harrison's 18/e p2345; 17/e p1785

60. Barret's esophagus is diagnosed by:

- a. Squamous metaplasia (FMGE March 2013)
- b. Intestinal metaplasia
- c. Squamous dysplasia
- d. Intestinal dysplasia

Ref: Harrison's 18/e p2434; 17/e p1852

61. Hyperchloraemic metabolic acidosis is caused by:

- a. Cholera (FMGE March 2013)
- b. Starvation
- c. Ethylene glycol poisoning
- d. Lactic acidosis

Ref: Harrison's 17/e p292

62. The HLA important in IDDM is:

- a. HLA-A3 (FMGE March 2013)
- b. HLA-B27
- c. HLA-DR3/DR4
- d. HLA-W1

Ref: Harrison's 18/e p2694; 17/e p2279

63. Increased Reid's Index is used to characterize:

- a. Chronic Bronchitis (FMGE March 2013)
- b. Bronchiectasis
- c. Bronchial Asthma
- d. Emphysema

Ref: Respiratory Therapy Secrets 2/e p 45

64. Rheumatoid Arthritis is best diagnosed by:

- a. Anti CCP antibodies (FMGE March 2013)
- b. IgA Rheumatoid Factor
- c. IgG Rheumatoid Factor
- d. IgM Rheumatoid Factor

Ref: Harrison's 18/e p2746; 17/e p2088

65. Most common cause of Addison's Disease in India:

- a. Autoimmune (FMGE March 2013)
- b. Postpartum
- c. HIV
- d. Tuberculosis

Ref: Harrison's 18/e p2955; 17/e p2141

66. All of the following are true about Brown Sequard Syndrome, except:

- a. Ipsilateral Pyramidal Tract Features (FMGE March 2013)
- b. Contralateral Spinothalamic Tract Features
- c. Contralateral Posterior Column Features
- d. Ipsilateral Plantar Extensor

Ref: Harrison's 18/e p184; 17/e p157, 2589

Ans.	50. d. Complete...	51. a. Ventricular aneurysm	52. a. MR	53. a. Ig M
	54. a. IPPV	55. b. Morphine	56. c. Bacterial pneumonia	57. b. Pulmonary artery
	58. d. Dressler's syndrome	59. a. RBC casts in urine	60. b. Intestinal metaplasia	61. a. Cholera
	62. c. HLA-DR3/DR4	63. a. Chronic Bronchitis	64. a. Anti CCP antibodies	65. d. Tuberculosis
	66. c. Contralateral...			

67. Defective proteins involved in the pathogenesis of Parkinsons disease are: (FMGE March 2013)

- Alpha synuclein
- Dardarin
- Parkin
- All of the above

Ref: Harrison's 18/e p3320; 17/e p2550

68. Left Abducent Nerve palsy causes: (FMGE March 2013)

- Diplopia in left lateral gaze
- Inability to accommodate on left gaze
- Impaired adduction in left eye
- Ptois of left eye

Ref: Harrison's 18/e p239; 17/e p2504, 2505

69. Which neo-adjuvant chemotherapy is used in Esophageal carcinoma: (FMGE March 2013)

- Cisplatin
- Cyclophosphamide
- Doxorubicin
- Methotrexate

Ref: Harrison's 18/e p765; 17/e p571

70. True about Anorexia nervosa: (FMGE March 2013)

- Is more common than bulimia
- Can have a low T4 in the presence of a normal T3
- May have a hypochloremic hypokalemic alkalosis
- Is associated with constipation more commonly than diarrhea

Ref: Harrison's 18/e p637-638; Rudolf's Pediatrics 21/e p1972

71. Alpha-1 antitrypsin deficiency occurs in:

- Emphysema (FMGE March 2013)
- Bronchiectasis
- Empyema
- Bronchogenic carcinoma

Ref: Harrison's 18/e p2152; Robbin's 5/e p685

72. Reed-Sternberg cells are seen in: (FMGE March 2013)

- Infectious mononucleosis
- Hodgkin's lymphoma
- Mycosis fungoid
- All of the above

Ref: Harrison's 18/e p934; 17/e p699

73. The most sensitive test for the diagnosis of myasthenia gravis is: (FMGE March 2013)

- Elevated serum Ach-receptor binding antibodies
- Repetitive nerve stimulation test
- Positive edrophonium test
- Measurement of jitter by single fibre electromyography.

Ref: Harrison's 18/e p3481; 17/e p2354

74. Amyloid deposit in Alzheimer's disease is:

- AA (FMGE March 2013)
- Ab
- Ab2
- AL

Ref: Harrison's 18/e p3305; 17/e p2540-2541

75. Which of the following features are seen in lower motor lesions: (FMGE March 2013)

- Flaccid paralysis
- Hyperactive stretch reflex
- Spasticity
- Muscular incoordination

Ref: Harrison's 18/e p182; 17/e p148

76. Which one of the following serum levels would help in distinguishing an acute liver disease from chronic liver diseases: (FMGE March 2013)

- Amino transaminase
- Alkaline phosphatase
- Bilirubin
- Albumin

Ref: Harrison's 18/e p2529; 17/e p1815

77. A 25 years old female presents normal PT but high PTT and high BT, diagnosis is: (FMGE March 2013)

- DIC
- Haemophilia
- VWD
- TTP

Ref: Harrison's 18/e p971-972; 17/e p725-726

78. A 26 year old female presents with severe headache to emergency department. She is having similar episodes for the past 6 months. All the features favour a diagnosis of cluster headache in this patient except:

- Periodic pain
- Conjunctival injection
- Bilateral photophobia
- No response to oral sumatriptan

Ref: Harrison's 18/e 2012; Chapter 14; p112, 122

79. Clearance of Theophylline levels are increased by all except

- Rifampicin
- Smoking
- Phenobarbitone
- Cimetidine

Ref: Harrison's 18/e 2012; Chapter 254; Table 254-4

80. The class of lupus nephritis with worst prognosis is:

- Class 2
- Class 3
- Class 4
- Class 5

Ref: Harrison's 18/e 2012; Chapter 283

81. HIV-associated thrombocytopenia is primarily due to:

- Infection of megakaryocytes
- Antibodies against platelets
- Both of the above
- None of the above

Ref: Harrison's 18/e 2012; Chapter 189, 1557

82. The minimum possible score in "Glasgow coma scale" is:

- 0
- 1
- 3
- 5

Ref: Harrison's 18/e 2012; Chapter 267 Table 267-1

Ans.	67. d. All of the above	68. a. Diplopia in left...	69. a. Cisplatin	70. d. Is associated with...
	71. a. Emphysema	72. d. All of the above	73. c. Positive...	74. b. Ab
	75. a. Flaccid paralysis	76. d. Albumin	77. c. VWD	78. c. Bilateral photophobia
	79. d. Cimetidine	80. c. Class 4	81. c. Both of the above	82. c. 3

83. A 57 year old chronic smoker and weight loss for 4 months presented to emergency department with respiratory distress. His EKG showed electrical alternans. The most likely diagnosis is:

- Pneumothorax
- Pleural effusion
- Cardiac tamponade
- Constrictive pericarditis

Ref: Harrison's 18/e 2012. Chapter 239. ECG features

84. All the following are supplemented in cystic fibrosis with Gastrointestinal disease except:

- Vitamin E
- Vitamin K
- Vitamin B₁₂
- Pancreatic lipase

Ref: Harrison's 18/e 2012. Chapter 259

85. Which of the following is not seen in Parkinsonism:

- Preserved postural reflexes
- Hypokinesia
- Rigidity
- Static tremors

Ref: Harrison's 18/e 2012. Chapter 372. Table 372-3

86. Endocrine causes for hypertension are all the following except:

- Cushing's syndrome
- Hypopituitarism
- Hyperaldosteronism
- Gigantism

Ref: Harrison's 18/e p2048; 17/e p2008. Chapter 241. p1554. Table 241-3

87. All are true in Kawasaki disease except:

- Exudative conjunctivitis
- Pedal edema
- Strawberry tongue
- Thrombocytosis

Ref: Harrison's 18/e p416; CMDT 2013, p1417-1418

88. Which of the following is characteristic of Cushing's disease:

- Increased ACTH, increased cortisol
- Decreased ACTH, increased cortisol
- Increased ACTH, decreased cortisol
- Decreased ACTH, decreased cortisol

Ref: Harrison's 18/e p2940-2947; Davidson 21/e p771

89. All of the following about Grave's disease is true except:

- Cardiac failure is common
- The Hypertrophy and Hyperplasia of thyroid gland is due to TSH Ab
- Remissions and exacerbations are not infrequent
- It is highly vascular with audible bruit
- Uniformly enlarged thyroid gland

Ref: Harrison's 18/e p2923-2924; CMDT 2013, p1110

90. All the following are true about bronchopulmonary aspergillosis except:

- Central bronchiectasis
- Pleural effusion

- Asthma
- Eosinophilia

Ref: Harrisons textbook of internal medicine 18/e p1658; 17/e p97 chapter

91. All the following drugs are used in the treatment of Multidrug resistant tuberculosis except:

- Kanamycin
- Ofloxacin
- Ethionamide
- Thiacetazone

Ref: RNTCP; Harrison's 18/e p1352-1354

92. All the following causes micronodular cirrhosis except:

- Laennec's cirrhosis
- Primary biliary cirrhosis
- Indian childhood cirrhosis
- Wilson's disease

Ref: Harrison's textbook of internal medicine 18/e p3188-318

93. Prophylaxis of febrile seizures: (NEET Pattern Question)

- Valproic
- Diazepam
- Carbamazepine
- Phenytoin

94. Most common diseases that affects anterior horn cells:

- Polio (NEET Pattern Question)
- SACD
- SSPE
- Japanese encephalitis

Ref: Harrison's 18/e p1594

95. Non DM, non HTN, afebrile with complaints of diplopia, after sensorium, headache, nuchal rigidity indicates:

- SAH (NEET Pattern Question)
- Encephalitis
- Meningitis
- Intracerebral hmg

96. Which is not seen in tuberous sclerosis:

- Cherry haemangioma (NEET Pattern Question)
- Shagreen patch
- Subependymal nodule
- Rhabdomyomas

Ref: Harrison's 18/e p2360

97. Shagreen patch: (NEET Pattern Question)

- Tuberous sclerosis
- NF
- VLH
- Struge Weber Syndrome

98. Anomic aphasia is due to injury to:

- Wernicke's area (NEET Pattern Question)
- Broca's area
- Angular gyrus
- Arcuate fasciculus

Ref: Harrison's 18/e p204

Ans.	83. c. Cardiac tamponade	84. b. Vitamin B12	85. a. Preserved postural...	86. b. Hypopituitarism
	87. a. Exudative...	88. b. Decreased ACTH...	89. b. The Hypertrophy...	90. b. Pleural effusion
	91. d. Thiacetazone	92. d. Wilson's disease	93. b. Diazepam	94. a. Polio
	95. a. SAH	96. a. Cherry haemangioma	97. a. Tuberous sclerosis	98. b. Broca's area

99. **Striate vertebra is seen in:** (NEET Pattern Question)
 a. Hemanigoma
 b. Multiple myeloma
 c. Fibrous dysplasia
 d. Chordoma

Ref: Internet

100. **All of the following are seen in Wernicke's encephalopathy except:** (NEET Pattern Question)
 a. Ataxia
 b. Confusion
 c. Epilepsy
 d. Nystagmus

Ref: 18/e p239, 2260

101. **Pseudotumour cerebri false is:** (NEET Pattern Question)
 a. CSF pressure is always raised
 b. Headache is not common symptoms
 c. MRI is investigation of choice
 d. Acetazolamide used a first line drug

Ref: Harrison's 18/e p126

102. **Single limb paralysis due to lesion in:** (NEET Pattern Question)
 a. Area 4
 b. Thalamus
 c. Brain stem
 d. Internal capsule

103. **35 years old female with ptosis, weakness on repetitive use limbs, which test is employed for primary evaluation:** (NEET Pattern Question)
 a. EMG
 b. CPK
 c. Epprophonium
 d. CT scan

Ref: Harrison's 18/e p1202

104. **All of the following are true about multiple sclerosis except:** (NEET Pattern Question)
 a. Ataxia
 b. Spasticity
 c. Rigidity
 d. Bladder bowel dysfunction

Ref: Harrison's 18/e p3398

105. **Most common cause of headache:** (NEET Pattern Question)
 a. Migraine
 b. Drug induced
 c. Tension
 d. Cluster

Ref: Harrison's 18/e p112

106. **Amaurosis fugax false is:** (NEET Pattern Question)
 a. Sudden loss of vision
 b. Etiology is hemorrhage from retinal artery
 c. Transient
 d. Hollenhorst plaque is seen

Ref: Harrison's 18/e p230

107. **Amyotrophic lateral sclerosis, clinical features are all except:** (NEET Pattern Question)
 a. Hyperreflexia
 b. Muscular hypertrophy

- c. Twitching and fasciculation
 d. Bowel bladder not affected

Ref: Harrison's 18/e p3345

108. **Pure motor type of neuropathy occurs in:** (NEET Pattern Question)
 a. GB syndrome
 b. Polio
 c. Multiple sclerosis
 d. HIV

Ref: Harrison's 18/e p1593-1595

109. **Relationship between steroids and calcium levels, steroid causes:** (NEET Pattern Question)
 a. Hypercalcemia
 b. Hypocalcemia
 c. Calcium level remain normal
 d. Increase protein bound calcium

110. **The most accurate and sensitive test to diagnose hypothyroidism is:** (NEET Pattern Question)
 a. TSH
 b. T₃
 c. T₄
 d. None

Ref: Harrison's 18/e p2920

111. **A person suffering from thyrotoxicosis, the most common sign in seen:** (NEET Pattern Question)
 a. Cold intolerance
 b. Atrial fibrillation
 c. Diarrhoea
 d. Weakness

Ref: Harrison's 18/e p2923

112. **Most common reason for hyperparathyroidism is:** (NEET Pattern Question)
 a. Adenoma
 b. Additional gland
 c. Increase calcitonin
 d. Autoimmune

Ref: Harrison's 18/e p2922

113. **Diabetes mellitus monitoring is done by:** (NEET Pattern Question)
 a. HbA1C
 b. Glucose tolerance test
 c. Ketone body measurement
 d. Urine glucose

Ref: Harrison's 18/e p2992

114. **Which is the first hormone that is secreted in response to hypoglycaemia:** (NEET Pattern Question)
 a. Cortisol
 b. Adrenaline
 c. Glucagon
 d. Insulin

Ref: Harrison's 18/e p3004

115. **Weight gain is seen in all except:** (NEET Pattern Question)
 a. Cushing syndrome
 b. Insulinoma
 c. Hypothyroidism
 d. Pheochromocytoma

Ref: Harrison's 18/e p2963

Ans.	99. a. Hemanigoma	100. c. Epilepsy	101. b. Headache is not	102. a. Area 4
	103. c. Epprophonium	104. c. Rigidity	105. c. Tension	106. b. Etiology is hemorrhage...
	107. b. Muscular...	108. b. Polio	109. b. Hypocalcemia	110. a. TSH
	111. b. Atrial fibrillation	112. a. Adenoma	113. a. HbA1C	114. c. Glucagon
	115. d. Pheochromocytoma			

116. **Wermer's syndrome is:** (NEET Pattern Question)

- a. MEN 1
- b. MEN 2
- c. MEN 2A
- d. VHL syndrome

Ref: Harrison's 18/e p3072

117. **Most common tumour of MEN type 2 among these are:** (NEET Pattern Question)

- a. Gastrinoma
- b. Somatinoma
- c. Insulinoma
- d. Carcinoid tumours

Ref: Harrison's 18/e p3076

118. **Not associated with weight gain:** (NEET Pattern Question)

- a. Pheochromocytoma
- b. Cushing syndrome
- c. Myxedema
- d. None

Ref: Harrison's 18/e p2963

119. **Pellagra occurs due to deficiency of:** (NEET Pattern Question)

- a. B₁₂
- b. B₂
- c. B₃
- d. B₅

Ref: Harrison's 18/e p598

120. **The signs and symptoms of CRF become prominent when GFR is below:** (NEET Pattern Question)

- a. 50%
- b. 60%
- c. 70%
- d. 80%

Ref: Harrison's 18/e p2319

121. **Erythropoietin secreted by:** (NEET Pattern Question)

- a. Macula densa
- b. Juxtaglomerular apparatus
- c. Peritubular capillary bed
- d. Pericytes

Ref: Harrison's 18/e p448

122. **Which causes renal papillary necrosis:** (NEET Pattern Question)

- a. Analgesic
- b. Contrast media
- c. Dehydration
- d. Overhydration

Ref: Harrison's 18/e p2372

123. **Urinary incontinence due to blocking lesion is called:** (NEET Pattern Question)

- a. Overflow incontinence
- b. Stress incontinence
- c. Genuine stress incontinence
- d. Urge incontinence

Ref: Harrison's 18/e p581

124. **Hepatorenal syndrome type 2, true is:** (NEET Pattern Question)

- a. Prognosis better than type 1
- b. GFR remain normal

c. Treatment with medication is satisfactory

d. Renal vasoconstriction is present

Ref: Harrison's 18/e p2601

125. **Hydatid cyst of liver true is:** (NEET Pattern Question)

- a. PAIR technique is most commonly done in superficial cysts
- b. Diagnostic aspiration is most commonly recommended
- c. Can metastasise in brain
- d. Surgical resection remain the treatment of choice

Ref: Harrison's 18/e p1763

126. **Celiac disease false is:** (NEET Pattern Question)

- a. Immunological factor is present in many cases
- b. Does not predispose to malignancy
- c. Anti endomysial antibody most sensitive
- d. Intestinal biopsy is to be done to confirm diagnosis

Ref: Harrison's 18/e p2471

127. **Treatment of retroperitoneal fibrosis:** (NEET Pattern Question)

- a. Corticosteroids
- b. NSAIDs
- c. Cyclosporine
- d. Radiotherapy

128. **Best investigation in Takayasu's arteritis is:**

- a. ESR
- b. pANCA
- c. cANCA
- d. Angiography

Ref: Harrison's 18/e p2797

129. **Low Fe and Low TIBC are found in which:**

- a. Sickle cell anemia
- b. Iron deficiency anemia
- c. Anemia of chr. disease
- d. Thalassemia

Ref: Harrison's 18/e p455

130. **Normal RBC with decrease amount is usually seen in:** (NEET Pattern Question)

- a. Thalassemia
- b. Sickle cell anemia
- c. Hemolytic anemia
- d. Anemia of chronic disease

Ref: Harrison's 18/e p850

131. **Non proliferative anemia with normal iron and iron stores:** (NEET Pattern Question)

- a. CRF
- b. Iron deficiency anemia
- c. Anemia of chronic disease
- d. Thalassemia

Ref: Harrison's 18/e p850

132. **Anemia microcytic hypochromic is found in all except:** (NEET Pattern Question)

- a. Iron deficiency
- b. Sideroblastic
- c. Thalassemia
- d. Fanconi anemia

Ref: Harrison's 18/e p496

Ans.	116. a. MEN 1	117. a. Gastrinoma	118. a. Pheochromocytoma	119. c. B₃
	120. b. 60%	121. c. Peritubular capillary bed	122. a. Analgesic	123. a. Overflow incontinence
	124. a. Prognosis better	125. c. Can metastasise...	126. b. Does not predispose...	127. a. Corticosteroids
	128. d. Angiography	129. c. Anemia of chr. Disease	130. d. Anemia of chronic...	131. a. CRF
	132. d. Fanconi anemia			

133. Not used in thalassemia: (NEET Pattern Question)

- a. Penicillamine
- b. Deferiprone
- c. Desferrioxamine
- d. Deferasirox

Ref: Harrison's 18/e p859

134. Splenectomy false is: (NEET Pattern Question)

- a. S. pneumoniae infection is most common
- b. Prophylactic antibiotic use is to be avoided
- c. Sepsis may be very fatal
- d. None

Ref: Harrison's 18/e p471

135. Hemophilia A is due to deficiency of factor: (NEET Pattern Question)

- a. IX
- b. X
- c. XII
- d. VIII

Ref: Harrison's 18/e p974

136. Heparin monitored by: (NEET Pattern Question)

- a. Prothrombin time
- b. Bleeding time
- c. Activated partial thromboplastin time (aPTT)
- d. Factor Xa level

Ref: Harrison's 18/e p993-994

137. Pinch purpura around eyelids is one of the most common cutaneous finding in: (NEET Pattern Question)

- a. Fabry disease
- b. Porphyria cutanea tarda
- c. Primary systemic amyloidosis
- d. Secondary systemic amyloidosis

Ref: Harrison's 18/e p418, 947

138. Leroy syndrome is only related to: (NEET Pattern Question)

- a. Purulent arthritis
- b. Seropositive spondyloarthropathy
- c. Retinitis
- d. Reiter's disease

139. Plasmodium falciparum infect which RBC: (NEET Pattern Question)

- a. Mature
- b. Immature
- c. Nucleated
- d. All

Ref: Harrison's 18/e p1689

140. For typhoid the best method to diagnose in the first week is: (NEET Pattern Question)

- a. Widal test
- b. Blood culture
- c. Bone marrow aspiration
- d. Stool culture

Ref: Harrison's 18/e p1276

141. All are causes of high anion gap metabolic acidosis except: (NEET Pattern Question)

- a. Uremia
- b. Starvation

- c. Diabetic ketoacidosis
- d. Renal tubular acidosis

Ref: Harrison's 18/e p365

142. pH 7.3, pCO₂ 70 mm of Hg, HCO₃ 38 mEq/L is found in: (NEET Pattern Question)

- a. Resp. acidosis
- b. Metabolic acidosis
- c. Resp. acidosis with compensation
- d. Metabolic acidosis with compensation

Ref: Harrison's 18/e p363

143. Not a feature of uncomplicated respiratory alkalosis: (NEET Pattern Question)

- a. High HCO₃
- b. Low paco₂
- c. Low HCO₃
- d. High pH

Ref: Harrison's 18/e p363

144. True in non compensated metabolic acidosis is: (NEET Pattern Question)

- a. Increase in HCO₃, pH & CO₂
- b. Increase in pH and HCO₃ with normal CO₂
- c. All decreased
- d. None

Ref: Harrison's 18/e p363

145. Partially compensated respiratory acidosis what occurs: (NEET Pattern Question)

- a. Normal PCO₂
- b. ↑HCO₃
- c. pH ↑
- d. None

Ref: Harrison's 18/e p363, 371

146. Hypophosphatemia is seen in: (NEET Pattern Question)

- a. Tumour lysis syndrome
- b. Pri. Hyperparathyroidism
- c. Pri hypoparathyroidism
- d. None

Ref: Harrison's 18/e p3087

147. In pyloric stenosis, not found is: (NEET Pattern Question)

- a. Alkaline urine
- b. Acidic urine
- c. Metabolic alkalosis
- d. None

148. Difference between cardiogenic and hypovolemic shock is: (NEET Pattern Question)

- a. Reduced cardiac output
- b. Reduced systemic vascular resistance
- c. Rales
- d. Tachycardia

Ref: Harrison's 18/e p2233

149. CURB-65 include all except: (NEET Pattern Question)

- a. Confusion
- b. Urea decreased
- c. Respiratory rate
- d. Blood pressure

Ref: Harrison's 18/e p2134

Ans. 133. a. Penicillamine	134. d. None	135. d. VIII	136. c. Activated partial...
137. c. Primary systemic	138. d. Reiter's disease	139. d. All	140. b. Blood culture
141. d. Renal tubular...	142. c. Resp. acidosis	143. a. High HCO ₃	144. c. All decreased
145. b. ↑HCO ₃	146. b. Pri. Hyperparathyroidism	147. a. Alkaline urine	148. c. Rales
149. b. Urea decreased			

150. Characteristic arrhythmia in digoxin toxicity is: (NEET Pattern Question)
- SA nodal block
 - Mobitz type II block
 - Atrial flutter
 - Atrial fibrillation

Ref: Harrison's 18/e p1868

151. Earliest change on ECG in hyperkalemia is: (NEET Pattern Question)
- Tall T wave
 - Wide QRS complex
 - AV conduction defect
 - Inversion of T wave

Ref: Harrison's 18/e p357

152. In Hypocalcemia which wave is seen in ECG: (NEET Pattern Question)
- QT prolonged
 - QT shortened
 - Tall peaked t wave
 - No change in QT interval

Ref: Harrison's 18/e p3114

153. Hypomagnesemia, which is seen: (NEET Pattern Question)
- Prolongation of QT wave
 - ST straightening
 - T wave flattening
 - All

Ref: Harrison's 18/e p3091

154. Prominent U wave is found in: (NEET Pattern Question)
- Hyperkalemia
 - Hypomagnesemia
 - Hypokalemia
 - Digoxin toxicity

155. Sterile vegetation is not seen in: (NEET Pattern Question)
- Infective endocarditis
 - Non bacterial thrombotic endocarditis
 - Rheumatic fever
 - All

Ref: Harrison's 18/e p1052-1053

156. CKMB seen in: (NEET Pattern Question)
- Pulmonary infarction
 - Myocardial infarction
 - Myocardial infarction and myocarditis
 - All

157. Lesion seen on both surface of valve: (NEET Pattern Question)
- Leibmann-sach's endocarditis
 - Infective endocarditis
 - Rheumatoid heart disease
 - Non bacterial thrombotic endocarditis

Ref: Internet

158. Cardiac enzyme found on 5th day of MI: (NEET Pattern Question)
- CK MB
 - CK MB + Trop-T
 - Trop-T
 - CK mm + LDH

Ref: Harrison's 18/e p2023-2024

159. Absent α -wave is seen in: (NEET Pattern Question)
- Severe tricuspid stenosis
 - Mitral stenosis
 - Atrial fibrillation
 - Sick sinus syndrome

Ref: Harrison's 18/e p1881-1882

160. Most common manifestation of rheumatoid arthritis on cardiovascular system is: (NEET Pattern Question)
- Endocarditis
 - Fibrous pericarditis
 - Cardiac tamponade
 - None

Ref: Harrison's 18/e p2739

161. To calculate pressure, ECHO uses: (NEET Pattern Question)
- Bernoulli principle
 - Laplace rule
 - Homan law
 - None

Ref: Harrison's 18/e p1842

162. All are true about Buerger's disease except: (PGI May 2013)
- Mesangial proliferation
 - Increased polyclonal IgA
 - IgA, C3 and IgG deposits in the mesangium
 - Hematuria may be gross or microscopic
 - Absence of proteinuria is pathognomic

Ref: Harrison's 18/e p2069, 2070

163. True about acute pancreatitis: (PGI May 2013)
- Amylase has prognostic value
 - CT is the best imaging study for initial evaluation
 - Nasojejunal feeding is better than total parenteral nutrition
 - ERCP is better than CT
 - Ultrasound confirms the diagnosis in most cases

Ref: Harrison's 18/e p2640, 2637

164. True about enteric nutrition: (PGI May 2013)
- Given early in Post-op period to prevent mucosal atrophy
 - More chance of spread of infection than total parenteral nutrition
 - It must be given in all post-operative patients
 - Enterocutaneous fistula is indication of parenteral nutrition
 - Stimulates the production of immunoglobulins in the gut

Ref: Harrison's 18/e p612-619

165. True about esophageal adenocarcinoma: (PGI May 2013)
- Majority of cases arise in Barrett's oesophagus
 - Common in upper part of esophagus
 - Commonly arise in the distal esophagus
 - Tobacco exposure and obesity are risk factors
 - Incidence is increasing

Ref: Harrison's 18/e p764-765

Ans.	150. a. SA nodal block	151. a. Tall T wave	152. a. QT prolonged	153. d. All
	154. c. Hypokalemia	155. a. Infective endocarditis	156. c. Myocardial infarction...	157. a. Leibmann-sach's...
	158. c. Trop-T	159. c. Atrial fibrillation	160. b. Fibrous pericarditis	161. a. Bernoulli principle
	162. e. Absence of...	163. b and c	164. a, d and e	165. a, c, d and e

166. All are true about systemic sclerosis except:

- a. Skin involvement occurs (PGI May 2013)
- b. Generalized blood vessel involvement
- c. Pulmonary arterial hypertension
- d. Bleomycin may cause systemic sclerosis like illness
- e. Raynaud's phenomenon precedes skin involvement diffuse cutaneous form

Ref: Harrison's 18/e p2762-2766

167. All are true about Acute Intermittent Porphyria except:

(PGI May 2013)

- a. Occur due to HMB-synthase enzyme deficiency
- b. Increased amount of porphobilinogen in the urine during an acute attack
- c. Neurovisceral symptoms occurs
- d. Cutaneous photosensitivity is always present
- e. Intermittent abdominal pain may occur

Ref: Harrison's 18/e p3173

168. Drug used to relieve facial flushing associated with niacin toxicity:

(PGI May 2013)

- a. Fometidine
- b. Foxafenadine
- c. Ranitidine
- d. Laropiprant

Ref: Harrison's 18/e p598

169. True about Wernicke encephalopathy:

(PGI May 2013)

- a. Cerebellar involvement occur
- b. Occur due to Vit B1 deficiency
- c. Bilateral frontal lobe atrophy
- d. Persistent seizure
- e. Ophthalmoplegia

Ref: Harrison's 18/e p239, 2260

170. True about subarachnoid haemorrhage:

(PGI May 2013)

- a. CT scan has 95% sensitivity if done within 72 hours
- b. Lumbar puncture shows xanthochromia
- c. 10% of SAH are caused by ruptured AV malformation
- d. 20% risk of rebleeding within first 2 week
- e. Rupture of saccular aneurysm is most common cause

Ref: Harrison's 18/e p2261-2264

171. Pulmonary-renal syndrome is/are seen is:

(PGI May 2013)

- a. G.B Syndrome
- b. HSP
- c. Good pasture syndrome
- d. Hanta virus infection
- e. Microscopic polyangitis

172. All drugs are used in management of psoriatic arthritis except:

(PGI May 2013)

- a. Methotrexate
- b. Leflunomide
- c. Chloroquine
- d. Alefacept
- e. Infliximab

Ref: Harrison's 18/e p2782

173. Orally used direct thrombin inhibitors is/are:

(PGI May 2013)

- a. Argatroban
- b. Bivalirudin
- c. Lepirudin
- d. Dabigatran etexilate
- e. Rivaroxaban

Ref: Harrison's 18/e p997, 1000

174. Causes of reversed splitting of the Second Heart Sound:

(PGI May 2013)

- a. ASD
- b. WPW syndrome
- c. Pulmonary hypertension
- d. Pulmonary stenosis
- e. Patent ductus arteriosus

Ref: Harrison's 18/e p1826, 1827

175. Cause of diarrhea includes:

(PGI May 2013)

- a. Hyperparathyroidism
- b. Hypothyroidism
- c. Hyperthyroidism
- d. Carcinoid syndrome
- e. Diabetes mellitus

Ref: Harrison's 18/e p310, 316

176. Which finding favours diagnosis of MR rather than MS:

(PGI May 2013)

- a. Loud S1
- b. Third heart sound
- c. Tapping apex
- d. Displaced apex beat
- e. Left ventricular hypertrophy

Ref: Harrison's 18/e p1934, 1935, 1929, 1930

177. All are features of pseudohypoparathyroidism except:

(PGI May 2013)

- a. Hypocalcemia
- b. Hypercalcemia
- c. Resistance to parathyroid hormone
- d. Raised levels of PTH
- e. Defect in PTH receptor

Ref: Harrison's 18/e p3117

178. Feature(s) of Duchenne muscular dystrophy includes:

(PGI May 2013)

- a. Defective gene is dystrophin
- b. Ragged red fibres
- c. Autosomal recessive mode of inheritance
- d. Anticentromere antibody present
- e. Serum CK levels are raised

Ref: Harrison's 18/e p3491-3495

179. True about ankylosing spondylitis:

(PGI May 2013)

- a. Presents with backache and joint stiffness
- b. Associated with HLA B27
- c. Inflammation of ligament and tendon at attachment to bones
- d. Foot joint involvement
- e. Spine involvement

Ref: Harrison's 18/e p2774-2775

Ans.	166. e. Raynaud's...	167. d. Cutaneous...	168. d. Laropiprant	169. a, b and e
	170. a, b and d	171. c, d and e	172. c. Chloroquine	173. d. Dabigatran etexilate
	174. b and e	175. c, d and e	176. b, d and e	177. b. Hypercalcemia
	178. a and e	179. All		

180. Eosinophilia is/are seen in: (PGI May 2013)

- a. Visceral leishmania
- b. Churg-Strauss syndrome
- c. Visceral larva migrans
- d. Drug reaction
- e. Parasitic infestations

Ref: Harrison's 18/e p481

181. Clubbing is/are seen in: (PGI May 2013)

- a. Lung carcinoma
- b. Idiopathic pulmonary fibrosis
- c. COPD
- d. Tuberculosis
- e. Lung abscess

Ref: Harrison's 18/e p290

182. Transesophageal echocardiogram (TEE) is superior to transthoracic echocardiogram (TTE) because of:

- a. More convenient (AIIMS May 2013)
- b. Is more sensitive in picking up left ventricular apical waves
- c. Is more sensitive in picking up atheromatous plaques in ascending thoracic aorta
- d. TEE is more sensitive picking up atrial appendage thrombus

Ref: Harrison's 18/e p1843

183. An elderly female presented with nasal blockade, nasal discharge, diplopia and facial swelling. On examination, there is blackish discharge from the nasal cavity with necrosis of nasal mucosa, facial skin and plate. There is fixation of the right globe. There is elevated blood sugar and urinary ketones are positive. Which of the following would be the best medication to be used in this patient:

- a. Amphotericin B (AIIMS May 2013)
- b. Itraconazole
- c. Ketoconazole
- d. Broad spectrum antibiotics

184. A 16-year old girl was given sulfa drugs. She developed acute abdominal pain and was admitted for seizures. Which of the following is the most likely possibility:

- a. Acute intermittent porphyria (AIIMS May 2013)
- b. Congenital erythropoietic porphyria
- c. Adenosine deaminase deficiency
- d. HGPRTase deficiency

Ref: Harrison's 18/e p3173

185. A child presented with a history of fever from 3 days and neck rigidity. There was two episodes of GTCS. Patient was unconscious, CSF examination reveals a cell count of 300 polymorphonuclear cells/mm³, proteins 70 mg/dL, CSF glucose 50 mg/dL (corresponding blood sugar 95 mg/dL). CT scan of the patient was shown to be normal. Which of the following is the most likely diagnosis:

- a. Pyogenic meningitis (AIIMS May 2013)
- b. Tubercular meningitis
- c. Herpes encephalitis
- d. Cerebral malaria

Ref: Harrison's 18/e p1693

186. Routine examination of a 17 years old asymptomatic boy reveals short PR interval, and delta wave on ECG. All of the following can be done except: (AIIMS May 2013)

- a. Holter monitoring
- b. Treadmill test
- c. Beta blocker
- d. Reassurance

187. Which of the following features helps in distinguishing seizures from syncope: (AIIMS May 2013)

- a. Loss of consciousness
- b. Injury due to fall
- c. Urinary incontinence
- d. Weakness with preserved sensorium

Ref: Harrison's 18/e p3261

188. Which of the following is not involved in the armamentarium for investigation of malabsorption: (AIIMS May 2013)

- a. 14 C triolein breath test
- b. 13 C tritcanoin breath test
- c. d-xylose test
- d. 13 C Triclosan breath test

189. In medically intractable seizures, which of the following modalities of treatment has shown the best seizure-free period: (AIIMS May 2013)

- a. Epileptic surgery
- b. Deep brain stimulation
- c. Vagal stimulation
- d. Ketogenic diet

Ref: Harrison's 18/e p3267

190. Bilateral Babinski sign is positive in: (AIIMS May 2013)

- a. Pontine hemorrhage
- b. Basal ganglia and thalamic hemorrhage
- c. Cerebellar hemorrhage
- d. Subarachnoid hemorrhage

191. LBBB on ECG is seen in all of the following except:

- a. Acute MI (AIIMS May 2013)
- b. Ashmann syndrome
- c. Hypokalemia
- d. Hyperkalemia

Ref: Harrison's 18/e p1835

192. The genetic mutation seen in the most common type of maturity onset diabetes of young (MODY1) is:

- a. Hepatocyte nuclear factor-4 alfa (AIIMS May 2013)
- b. Hepatocyte nuclear factor-1 alfa
- c. Glucokinase
- d. Insulin promotor factor-1

Ref: Harrison's 18/e p2976

193. In arterial blood gas analysis of a patient with pCO₂-30, pO₂-115 and Ph-7.45, patient has compensated:

- a. Respiratory alkalosis (AIIMS May 2013)
- b. Metabolic alkalosis
- c. Respiratory acidosis
- d. Metabolic acidosis

Ref: Harrison's 18/e p363

Ans. 180. d and e	181. a, b, d and e	182. d. TEE is more...	183. a. Amphotericin B
184. a. Acute intermittent...	185. d. Cerebral malaria	186. c. Beta blocker	187. c. Urinary incontinence
188. d. 13 C Triclosan...	189. a. Epileptic surgery	190. a. Pontine hemorrhage	191. b. Ashman syndrome
192. a. Hepatocyte...	193. a. Respiratory alkalosis		

194. A patient presents with renal failure and bone pain. On X-ray, evidence of skeletal destruction and on laboratory examination, hypercalcemia is seen. Serum electrophoresis shown "M" spike. 35% plasma cell with expression of abnormal antigen is seen. Diagnosis:

- Multiple myeloma (AIIMS May 2013)
- Monoclonal gammopathy with unknown significance
- Smouldering myeloma
- Plasma cell leukemia

Ref: Harrison's 18/e p938-940

195. Correct diagnosis of a patient whose serum has positive HBsAg and HBeAg: (AIIMS May 2013)

- Carrier of HBV
- Concurrent infection with HBV and HBE
- Chronic recurrent hepatitis
- Acute infective hepatitis

Ref: Harrison's 18/e p2550

196. A 35 years old patient presented with 6 months of history of bilateral fluctuating ptosis with difficulty in chewing and very occasionally difficulty in swallowing, he doesn't complain of any diplopia or limb weakness. On examination asymmetrical ptosis, mild restriction of extraocular movements with arm abduction time more than 60 seconds. His repetitive nerve stimulation shows decreased response only in orbicularis muscle. EMG shows myopathic pattern. Anti-AChR is negative, most likely diagnosis:

- Ocular myasthenia gravis (AIIMS May 2013)
- Generalized myasthenia gravis
- As anti-AChR is negative you will search for alternative diagnosis
- Chronic progressive external ophthalmoplegia (CPEO)

197. Which of the following is not true about treatment of CLL:

- Treatment often curative (AIIMS May 2013)
- Treatment not required in asymptomatic patients
- Treatment is given to normalize the cell count
- In patients less than 50 years, multiple drug therapy is preferred

Ref: Harrison's 18/e p927

198. A young man presents with recurrent painful oral ulcerations with penile ulcer and blurring of vision. Most likely diagnosis is: (AIIMS May 2013)

- Behcet's disease
- Oculocutaneous aphthous ulcer syndrome
- Fabry's disease
- Reiter's syndrome

Ref: Harrison's 18/e p2801

199. A 60 years old male with 55 pack years presented with chronic cough. Biopsy of lung showed small hyperchromatic nuclei and highly mitotic cells. Which of the following will be seen in the patient: (AIIMS May 2013)

- Behaviour changes
- Frequent blood transfusion
- Thin limbs and obese trunks
- Gynecomastia with full body hairs

200. A 55-year old diabetic patient presents with transient obscuration in vision for 2-3 days followed by sudden loss of vision. Which of the following would be the best test to evaluate his symptoms: (AIIMS May 2013)

- Serum ACE levels
- Quantiferon-Gold TB test
- Elevated homocysteine levels
- Serum creatinine levels

201. A female patient of childbearing age is on valproate for JMe. Which drug should be used to replace valproate and can be prescribed as monotherapy: (AIIMS May 2013)

- Levetiracetam
- Lincosamide
- Carbamazepine
- Phenytoin

202. Which of the following is not a major criteria in acute rheumatic fever: (AIIMS May 2013)

- Polyarthralgia
- Subcutaneous nodules
- Chorea
- Carditis

Ref: Harrison's 18/e p2755

203. An elderly, hypertensive patient presented with sudden onset headache, vomiting, neck rigidity without focal neurological deficit. Diagnosis: (AIIMS May 2013)

- Subarachnoid hemorrhage
- Ischemic stroke
- Subdural hemorrhage
- Meningitis

Ref: Harrison's 18/e p2262-2263

204. All of the following are true about uses of iodine except:

- Inhibit release of thyroxine (AIIMS May 2013)
- Inhibits iodotyrosine and iodothyronine synthesis
- Can cause hypothyroidism
- Contraindicated in hyperthyroidism

Ref: Harrison's 18/e p2913

205. Area of the brain most commonly undergoing atrophy in Alzheimer's disease: (AIIMS May 2013)

- Temporoparietal
- Parieto-occipital
- Frontoparietal
- Temporo-occipital

Ref: Harrison's 18/e p3305-3307

Ans. 194. a. Multiple myeloma	195. d. Acute infective...	196. b. Generalized...	197. a. Treatment often curative
198. a. Behcet's disease	199. c. Thin limbs and...	200. d. Serum creatinine levels	201. a. Levetiracetam
202. a. Polyarthralgia	203. a. Subarachnoid...	204. d. Contraindicated...	205. a. Temporoparietal

206. A 62 years old woman presented with acute onset confusion and bumping into things. On examination, she was alert, oriented with fluent speech and normal comprehension. Further examination revealed impaired writing (acalculia), right-left confusion, impaired arithematic abilities, difficulty in finger identification. MRI demonstrated foci of cortical and sub cortical increase T2 signals and areas of leptomeningeal enhancement. Most likely diagnosis:
- Gerstman syndrome (AIIMS May 2013)
 - Millard-Gubler syndrome

- Anton syndrome
- Korsakoff psychosis

Ref: Harrison's 18/e p206

207. Features of iron deficiency anemia are all except: (AIIMS May 2013)
- Increases red cell distribution width (RDW)
 - Decreased serum iron
 - Decreased TIBC
 - Decreased serum ferritin

Ref: Harrison's 18/e p846-847

